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T H E

CINCINNATI

MEDICAL NEWS.

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EDITED BY

J. A. THACKER, A. M., M. D.

CONTENTS.

	PAGE.
Juvenile Insanity.....	793
Some Important Topical Remedies and their Use in the Treatment of Skin Diseases.....	804
Baltimore Academy of Medicine.....	812
Clinical Lecture on Dementia, Idiocy, Imbecility	826
Therapeutic Skepticism.....	833
What Causes Putrefaction?.....	836
New Microscopical Society.....	838
Pathogenetic Bacteria in Salt Water Marshes.....	839
Gleanings.....	841
Book Notices.....	848
Editorial.....	852

CINCINNATI, OHIO:

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 I solicit special attention to the SOLUBILITY and PERMANENCY of my SUGAR
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The Judges in class 58, Cincinnati Industrial Exposition, who examined my Pills in competition
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Gordon's quite soft indicating a ready Solubility when taken in the stomach. While
those of —— were quite hard; and the coating of Mr. Gordon's Pills also was superior."
And upon this the premium was awarded to me.

My facilities for the manufacture of Sugar Coated Pills and Granules are excelled by no
other house in the Country and for beauty of finish and reliability cannot be surpassed. By
the aid of improved Machinery I am enabled to make Pills mathematically correct in size,
and spheroidity, and my process (alone employed by me) is coating, whereby the use of gums
and resins is discarded and the Pill enveloped in a coating of pure sugar, thereby insuring
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less than three thousand each. As we have more than usual facilities for manufacturing
Pills, parties can rely always upon getting any private formulas entrusted to our care,
promptly. All such receipts are strictly confidential.

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	Price per bottle of 100 500 each. each.	Price per bottle of 100 500 each. each.
ACID ARSENIOUS, 1-20, 1-30, 1-40, 1-50, 1-60 gr.....	\$ 40	\$ 1 75
ACONITIA, 1-60 gr.....	75	3 50
ACUTE.....	75	8 50
Chinoidin, 2 grs., Ext. Col. Co. 1/2 gr. Ol. Pip. Nig 1-6 gr. Ferri. Sulph. 1/2 gr.		
ALOES, U. S. P.....	40	1 75
Pulv. Aloes Socot., 2 grs. " Saponia, 2 grs.		
ALOES COMP. U. S. P.....	50	2 25
Ext. Gent., 2-3 gr., Alo. Socot. 2-3 gr. Pulv. Rhei 1/2 gr. Ol. Carul. 1-5 gr.		
ALOES ET ASSAF., U. S. P.....	40	1 75
Tulv. Aloes Socot., 1 1/2 grs., Assafetida, 1-3 grs. Pulv. Saponis, 1-3 grs.		
ALOES ET MASTICH, (Lady Webster's Dinner Pills), 3 grs.....	50	2 25
Pulv. Aloes Socot., 1 1/2 gr. Gum Mastich, 1/2 gr. Flot Rosae., 1/2 gr.		
ALOES, ET MYRRH, U. S. P.....	50	2 25
Pulv. Aloes Socot., 2 grs. " Myrrhe, 1 gr. Croc. Stigmata, 1/2 gr.		
ALOES, ET NUX VOMICA.....	50	2 25
Pulv. Aloes Socot., 1 1/2 grs. Ext. Nux Vomica, 1/2 gr.		
ALTERNATIVE.....	\$ 50	\$ 2 25
Mass. Hydrargyri, 1 gr. Pulv. Opii, 1/2 gr. " Ipecac, 1/2 gr.		
AMMON. BROMID, 1 gr.....	75	3 50
AMMON. VALERIANATE, 1 gr.....	1 50	7 25
ANALEPTIC.....	60	2 75
Pulv. Antimonialis, 3/4 gr. " Res. Guaiaca, 1 gr. " Aloes Soc. 1/2 gr. " Myrrhe; 1/2 gr.		
ANDERSON'S SCOTS.....	40	1 75
Pulv. Aloes Socot. 1 gr. " Sapon. Hispan. 1/2 gr. " Fruct. Colocyn. 1/2 gr. " Gambogia 1/2 gr. " Oleum Anis. 1/2 gr.		
ANODYNE.....	75	3 50
Pulv. Camphorae 1 gr. Morphia Aceta, 1-20 gr Ext. Hyoscyam. 1 gr. Ol. Res. Capsici, 1-20 gr.		
ANTI-BILIOUS, (Vegetable).....	60	2 75
Pulv. Ext. Coloc. C. 2 1/2 grs. Podophyllin, 1/2 gr.		
ANTI-CHLOROTIC.....	75	3 50
Potass. Chior. 1 gr. Ferri. Chlor. 1/2 gr. Pulv. Podophylli, 1 gr. Pulv. Myrrhae, 1/2 gr.		
ANTI-CHOROMANIA.....	75	3 50
Zinci Valer. 2 grs. Ferri Valer. 1/2 gr. Ext. Sumbul, 1/2 gr.		
ANTI-CHILL.....	1 00	4 75
Chinoidine 1 gr. Ferri Ferrocyan, 1 gr. Ol. Piper Nig 1 gr. Arsenic, 1-20 gr.		
ANTI-DYSPEPTIC, (3 grs.).....		
Strychnia, 1-40 gr. Ext. Belladonnae, 1-10 gr. Pulv. Ipecac, 1-10 gr. Mass. Hydrarg. 2 grs. Ext. Coloc. Co. 2 grs,		
ANTI-EPILEPTIC, (3 grs.).....		
Iron Hydrocyanate, 1/2 gr. Valerianate Quiuino, 1 gr. Zinc, 1/2 gr. Ext. Valerian, 1 gr.		
ANTI-MALARIAL, (McCaw.).....		
Quinic Sulp. 1 gr. Ferri Sul. Fix. 1/2 gr. Ol. Res. Pip. Nig. 1-16 gr. Ac. Arsenious, 1-80 gr. Gelsenin, 1/2 gr. Podophyllin, 1/8 gr.		
ANTI-SPASMODIC.....		
Ext. Hyoscyam. 1/2 gr. Morphia Acetat, 1-10 gr. Brom. Camphor, 1/2 gr. Pulv. Capsici, 1/2 gr.		
ANTI-SPLENETIC.....		
Pulv. Aloes Soc. 1 gr. " Ammoniac, 1/2 gr. " Myrrhe, 1/2 gr. Ext. Bryony. 1 gr.		
ANTHELMINTIC.....		
Santonin. Calomel, sa. 1 gr		
ANTIMONII COMP. U. S. P. (Pil. Calomel Comp.).....		
Calomel. Oxysulph. Antimony. Guaiacum Resin.		
ANTI-PERIODIC.....		
Cinchona Sulp. 1 gr. Ferri Sulph. Excise., 1 gr. Ext. Quassiae, 1/2 gr. " Rhei, 1/2 gr. Pulv. Myrrhe, 1/2 gr.		
APERIENT.....		
Ext. Nux Vomica, 1/2 gr. " Hyoscyam. 1/2 gr. " Coloc. Comp., 2 grs.		
APERIENT, DERTSDALE'S.....		
Pulv. Rhei, 1 1/2 grs. " Al. Soc. 1 1/2 grs. " Spec. 5-12 gr. " Nux Vomica, 1/2 gr.		
APERIENT, MILD.....		
Ext. Col. Co., 1/2 gr. " Hyosc., 1/2 gr. Pulv. Rhei, 1 gr. Ol. Cari.		
APOCYNUM, 2 grs.....	70	3 25
ASSAFETIDA, U. S. P.....	40	1 75
" 2 grs.....	40	1 75
ASSAFETIDA, COMP.....	40	1 75
Assafetida, 2 grs. Ferri Sul. Exc. 1 gr.		
ASSAFETIDA, ET RHEI.....	75	3 50
Assafetida, 1 gr. Pulv. Rhei, 1 gr. Ferrum per Hyd. 1 gr.		
ARSTRIGENT.....		
Ext. Gerani, 2 grs. Pulv. Opii, 1/2 gr. Ol. Menth. 1-10 gr., 1-20 gtt. Ol. Res. Zangiber, 1-20 gtt.		
ATROPIA, 1-60 gr.....		

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	Price per bottle of 100 500 each each.	Price per bottle of 100 500 each each.
BALLOU.....	75 3 50	CINCHOMA SULPHAT, 2 grs..... 1 00 4 75
Ext. Col. Comp., 1 gr.		CINCHOMA SULPHAT, 1½ gr..... 60 2 75
" Jalap, 1 gr.		CINCHONIDIUM SULPH., ½ gr..... 50 2 25
" Hyd. chlor. Mit., 1 gr.		" " 1 gr..... 70 3 40
Pulv. Ipec., ½ gr.		" " 2 grs..... 1 35 6 25
BELLADONNA EXT., (Eng.) ¼ gr.....	50 1 75	" " 3 grs..... 2 00 9 50
" " ½ gr.....	50 2 25	COCCHIA..... 90 4 25
" " 1 gr.....	60 2 75	Res. Styrax Pure, 1 gr.
BISMUTH, SUB. CARE., 3 grs.....	75 3 50	Pulv. Aloes Socot., ½ gr.
" SUB-NIT., 3 grs.....	75 3 50	" Colocynth, ½ gr.
BISMUTH ET NUX VOMICA.....	1 50 7 25	Potass Sulph., ½ gr.
Bismuth Sub. Carb., 1 grs.		Oil. Cavyoph., ½ gr.
Ext. Nux Vomica, ¼ gr.		CODIA, 1-16 gr..... 8 05 15 00
BISMUTH AND NUX VOMICA.....	1 50 7 25	COLOCYNTHIDIS COMP., 3 grs. (Fx- tract Colocynth Comp. U.S.P.) 80 8 75
Bismuth Subnit. 5 grs.		COLOCYNTH ET HYDRARG ET IPECAC. 75 3 50
Ext. Nux Vomica, ½ gr.		Pulv. Ext. Colic Comp., 2 grs.
BISMUTH AND IGNATIA.....	1 50 7 25	Pil. Hydrarg. 2 grs.
Bismuth Sub-Carb., 4 grs.		Pulv. Ipecac., ½ gr.
Ext. Ignatia Amara, ¼ gr.		COLOCYNTH ET HYOSCYAMUS..... 75 3 50
CAFFEIN CITRAT., 1 gr.....	4 50 22 25	Ext. Col. Co., 2½ grs.
CALOMEL, ½ gr., 1 gr., 2 grs., 3 grs.....	40 1 75	Ext. Hyoscyamus, 1½ gr.
" 5 grs.....	50 2 25	COCCHIA'S 3 grs..... 50 2 25
CALOMEL COMP., (Plummer's) 3 grs.	40 1 75	Pulv. Aloes Soc., 1 gr.
Calomel.		" Rhein. 1 gr.
Oxysulph. Antimony.		Calomel, ½ gr.
Gum Resin.		Sapo Hispan., ½ gr.
CALOMEL ET IPECAC. COMP.....	60 2 25	COPAIÆ, U. S. P., 3 grs..... 60 2 25
Calomel, 1 gr.		COPAIÆ COMP..... 80 8 75
Pow'd Ipecac, Comp., 3½ grs.		Pil. Copaiæ.
Ext. Gentianæ, 9 grs.		Resin Guaiac.
CALOMEL ET RHET.....	\$ 75 \$3 50	Ferri Cit.
Ext. hel., ½ gr. Calomel, ½ gr.		Oleo-Rosin Cubebe.
Ext. Coloc. Co., ½ gr.		COPAIÆ ET EXT. CUBEBE..... 20 3 75
Ext. Hyoscyamus, ½ gr.		Pil. Copaiæ, 1 gr.
CAMPHO ET HYOSCYAMUS.....	50 2 25	Oleo-Rosin Cubebe, 1 gr.
Gum Camph., 1 gr.		CORCORANE SCHEMATE, 1-12, 1-20, 1-30 and 1-40 grs..... 40 1 75
Ext. Hyos. Eug., 1 gr.		DIGITALIN, 1-60 gr..... 75 3 50
CAMPHOR COMP., 3 grs.....	50 4 25	DIGITALIS COMP..... 60 2 25
Gum Camph. 1 gr. Powd. Kino. 1 gr.		Pulv. Digital. Eug., 1 gr.
Powd. Opium, 1 gr. Ex. Capsi. ½ gr.		" Scilla. 1 gr.
CANNABIS INDICA EXT., ¼ gr.....	60 2 75	Potass. Nit. 2 grs.
CATHARTIC COMP., U. S. P.....	50 2 25	DIURETIC..... 50 2 25
Ext. Coloc. Comp., 1½ grs.		Sapo Hispan., Pulv. 2 grs.
" Jalapæ, 1 gr.		Sodæ Carb. Exsic. 2 grs.
Pulv. Gambogia, 2-9 gr.		Ol. Bacc. Junip, 1 drop.
CATHARTIC, (Vegetable).	50 2 75	DUPUYTREN..... 10 2 25
Ext. Coloc. Simp., ½ gr.		Pulv. Guaiac, 3 grs.
Podophyllin, ¼ gr.		Hydg. Chlor. Corios. 1-10 gr.
Pulv. Res. Scam., ½ gr.		Pulv. Opii, ½ gr.
" Aloes Socot., ½ gr.		ECCOPROTIC..... 60 3 75
" Cardamomi, 1-9 gr.		Ext. Aloes Soc., 2 grs.
" Saponis, ½ gr.		" Nuc Vomica, 1-5 gr.
CARTHARTIC COMP. (Improved)		Res. Podophylli, 3-16 gr.
8 grs.....	60 2 75	Ol. Caryophvl, 1-10 gtt.
1 xt. Coloc. Comp., 1 gr.		ELATI-RUM, (Clutterbuck's) 1-10 gr... 35 4 50
Jalape, ½ gr.		EMMENAGOUE, (Matter)..... 40 1 75
Podophyllin, ¼ gr.		Ferri Sulph., ½ gr.
Leptandriu, ½ gr.		Aloe Socot. Pulv., ½ gr.
Ext. Hyoscyamus, ½ gr.		Terebinth Alb., 1½ gr.
" antianæ, ½ gr.		EMMENAGOGUE..... 1 40 6 75
Ol. Menth. Pip.		Ergotine, 1 gr.
CATHART., COMP. CHOLAEQUE.....	60 2 75	Ext. Heliotore Nig., 1 gr.
Res. Podophylli, ½ gr.		Aloes, 1 gr.
Pil. Hydrarg., ¼ gr.		Ferri Sulph., 1 gr.
Ext. Hyoscyami, ½ gr.		Ol. Sabina, ½ gr.
" Nuc Vomica, 1-16 gr.		FEL BOVINUM..... 60 3 25
Ol. Res. Capsici, ½ gtt.		Ox. Gall. 2 grs.
CAULOPHYLLIN, 1-10 gr.....	40 1 75	Powd. Jam Ginger, 1 gr.
CERIUM OXALAS, 1 gr.....	1 00 4 75	FERRI..... 8 40 \$1 75
CHAPMAN'S DINNER PILLS.....	60 2 75	Pulv. Aloes Socot. ½ gr.
Pulv. Aloes Socot.		" Zingib. Jam., 1 gr.
Rhei Opt.		Ferri Sulph. Exsic. 1 gr.
" Gum Mastich.		Ext. Comi, ½ gr.
CHINOIDIN, 1 gr.....	40 1 75	FERRI, (Queverle's) 1 gr..... 50 2 25
" 2 grs.....	50 2 25	" 2 grs..... 75 3 75
CHINOIDIN COMP.....	1 00 4 75	" CAKE, (Vaillett's) U. S. P. 3 grs 40 1 75
Chinoидин, 2 grs.		" CITRAT, 2 grs..... 50 2 25
Ferri Sulph. Exsic. 1 gr.		" COMP., U. S. P..... 40 1 75
Oleo-Resin, 1 pip. N. ½ gr.		FERRI FERROCYANID, 3 grs..... 50 2 25
CHIRETTA, EXT., 3 grs.....	1 50 7 25	
CIMICIFUGIN, 1-10 gr.....	40 1 75	

W. J. M. GORDON'S PRICE LIST OF SUGAR-COATED PILLS.

	Price per bottle of	100	500	each	each	Price per bottle of	100	500	each	each
FERRI IODID, 1 gr.....		65	8 00			HYDRASTIN, $\frac{1}{2}$ gr.....		95	4 50	
" LACTAT, 1 gr.....		50	2 25			HYOSCYAMUS EXT., (Eng.) $\frac{1}{2}$ gr.....		40	1 75	
" PYROPHOSPHATE, 1 gr.....		40	1 75			IGNATIA AMARA EXT. $\frac{1}{2}$ gr.....		50	1 75	
" SULPH. EXSICCAT., 2 grs.....		40	1 75			IPECAC ET OPI., (Pul. Doveri, U.S.P.)				
" VALERI, 1 gr.....		100	4 75			3 $\frac{1}{2}$ grs.....		50	2 25	
FERRI ET QUAS, et Nux. Vom.....		75	3 50			IPECAC ET OPI, 5 grs.....		65	3 00	
Fer per Hydrogen, 1 $\frac{1}{2}$ gr.						IODOFORM, 1 gr.....		1 60	7 75	
Ext. Quassia, 1 gr.						IODOFORM ET FERRI.....		2 00	9 75	
" Nux Vomica, $\frac{1}{2}$ gr.						Ferrum per Hyd. 1 gr. Iodoform, 1 gr				
Pulv. Saponis, $\frac{1}{2}$ gr.						IRISIN COMP.....		50	2 25	
FERRI ET QUININE CIT., 1 gr.....		75	3 10			Irisin $\frac{1}{2}$ gr. Podophyllin, 1-10 gr.				
" " " 2 grs.....		140	6 75			Strychnine, 1-10 gr.				
FERRI ET STRYCHNIE.....		75	8 50			LAXATIVE.....		60	2 75	
Strychnie, 1-60 gr.						Pulv. Aloes Soc., 1 gr.				
Fer. per Hydro (Quenvennes) 2 grs						Sulphur, 1-5 gr.				
FERRI ET STRYCHNIE CIT.....		75	8 50			Res. Podophylli 1-5 gr.				
Strych. Cit. 1-50 gr. Ferri Cit. 1 gr.						" Guaiaci, $\frac{1}{2}$ gr.				
GALBANIA COMP. U. S. P.....		50	2 25			Syr. Rhamnij, q. s.				
Galbaulin, 1 $\frac{1}{2}$ gr.						LEPTAND COMP.....		1 00	4 75	
Pulv. Myrrh, 1 $\frac{1}{2}$ gr.						Leptandrin, 1 gr. Irisin, $\frac{1}{2}$ gr.				
Asafetida, 1 $\frac{1}{2}$ gr.						Podophyllin, $\frac{1}{2}$ gr.				
GAMBOGIE COMP.....		40	1 75			LEPTANININ, $\frac{1}{2}$ gr.....		40	1 75	
Pulv. Gambogie.						" $\frac{1}{4}$ gr.....		40	1 75	
" Aloe Socot.						" $\frac{1}{2}$ gr.....		50	2 25	
" Zingib. Jam.						" 1 gr.....		75	3 50	
" Sapous.						LUPULIN. 8 grs.....		40	1 75	
GENTIAN COMP.....		40	1 75			MACROTIN, 1-10 gr.		10	1 75	
Ext. Gentian, $\frac{1}{2}$ gr.						MAGNESIUM ET KHEI, (1 gr. each.)		40	1 75	
Aloes Socot, $\frac{1}{2}$ gr.						MORPHIA ACET, $\frac{1}{2}$ gr.		70	3 25	
Pulv. Kheil, 1 $\frac{1}{2}$ gr.						" SULPHATE, 1-20 gr.		40	1 75	
Ot. Garui, 1-5 gr.						" " 1-10 gr.		60	2 75	
GONORRHŒA.....		60	2 75			" " $\frac{1}{2}$ gr.....		50	3 25	
Pulv. Cubebæ, 2 grs.						" " $\frac{1}{2}$ gr.....		70	3 25	
Bals. Copaiæ Solid, 1 gr.						" " $\frac{1}{2}$ gr.....		60	2 75	
Ferri Sulph. Exsic, $\frac{1}{2}$ gr.						" " $\frac{1}{2}$ gr.....		1 00	4 75	
Terebinth, Venet. 1 $\frac{1}{2}$ gr.						" VALERIAN, $\frac{1}{2}$ gr.....		1 00	4 75	
GELSEMIN, 1-16 gr.....		40	1 75			MORPHIE COMP.....		1 50	7 25	
" $\frac{1}{4}$ gr.....		75	3 50			Morph. Sulph. $\frac{1}{2}$ gr.				
" $\frac{1}{8}$ gr.....		50	2 25			Ant. et Pot. Tart. $\frac{1}{2}$ gr.				
HYDROLIN, 1-10 gr.....		50	2 75			Calomel, $\frac{1}{2}$ gr.				
HEPATICA.....		80	3 75			NEURALGIC, (Brown Seaward.)		2 00	9 75	
Pil. Hydrag, 3 grs.						Ext. Hyoscyami, $\frac{1}{2}$ gr.				
Ext. Colocynth Comp., 1 gr.						" Conii, $\frac{1}{2}$ gr.				
" Hyoscymi, 1 gr.						" Igust. Am. $\frac{1}{2}$ gr.				
HOOPER, (Female Pille, 2 $\frac{1}{2}$ grs.....		40	1 75			" Opili, $\frac{1}{2}$ gr.				
Aloes Socot.						" Aconiti, $\frac{1}{2}$ gr.				
Ferri Sulph. Exsic.						" Cannab. Ind. $\frac{1}{2}$ gr.				
Ext. Hellebor.						" Stramon, 1-5 gr.				
Pulv. Myrrh.						" Bellad. $\frac{1}{2}$ gr.				
" Saponis.						NEURALGIC, (Prof. E. D. Gross)		3 00	14 75	
" Canellæ.						Quinina Sulph. 2 grs.				
" Zingib. Jam.						Morphia Sulph. 1-20 gr.				
HYDRARGYRI, U. S. P., 8 grs.....		40	1 75			Strycnina, 1-20 gr.				
" 5 grs.....		80	2 25			Acid Arsenious, 1-20 gr.				
HYDRARGYRI COMP.....		90	4 25			Ext. Aconiti, $\frac{1}{2}$ gr.				
Mass. Hydrag., 1 gr.						NEU ALGIC, (Gross) without Morphia		3 00	14 75	
Pulv. Opili, $\frac{1}{2}$ gr.						Ext. Hyoscyam., $\frac{1}{2}$ gr.				
" Ipecac, $\frac{1}{2}$ gr.						" Conii, $\frac{1}{2}$ gr.				
HYDRARG, IODIDE, $\frac{1}{2}$ gr.....		40	1 75			" Igust. Am. $\frac{1}{2}$ gr.				
" $\frac{1}{2}$ gr.....		50	2 25			" Opili, $\frac{1}{2}$ gr.				
" " RUB., 1-16 gr.....		40	1 75			" Aconiti, $\frac{1}{2}$ gr.				
" Iod ET Opili. (Ricord's)....		75	3 50			" Cannab. Ind. $\frac{1}{2}$ gr.				
Hvd'g Iodide, 1 gr.						" Stramon, 1-5 gr.				
Pulv. Opili, $\frac{1}{2}$ gr..						" Belladonna, $\frac{1}{2}$ gr.				

From Prof. John King, Editor American Eclectic Dispensatory, King's American Practice, etc.

"For the last five or six years I have made use a considerable quantity of Glycerin manufactured by W. J. M. Gordon, of this city, for medicinal purposes, and I have no reason whatever for complaint, as it has in every instance answered the purpose admirably. I have likewise used in my practice the leading Eclectic preparations manufactured by him, as Resin of Mandrake or Podophyllin, Lep-standrin, Iridin, Aletrin, Alcoholic Extracts of Black Cohosh, as well as several Fluid Extracts, and have been much pleased with their action, as they have invariably fulfilled the indications for which they are prescribed. I therefore take great pleasure and satisfaction in recommending Mr. Gordon to the Eclectic profession as one among our many excellent manufacturers whose preparations may be relied upon."

[Signed.]

JOHN KING, M.D.

FIRST PREMIUM AWARDED IN 1874.

	Price per bottle of 100 each.	500 each.	Price per bottle of 100 each.	500 each.
NUX. VOMICA, Ext., $\frac{1}{4}$ gr.	40	1 75	QUINIA ET FERRI LACT. COMP.	1 75 8 50
" $\frac{1}{2}$ gr.	40	1 75	Quinia Sulph., 1 gr.	
OPIU. U. S. P., 1 gr.	75	8 50	Ext. Ignati Amar., $\frac{1}{2}$ gr.	
OPIU. ET CAMPHORAE.	1 00	4 75	Ferril Lactat, 2 grs.	
Pulv. Opii, 1 gr. Camphorae, 2 grs.			GINIA ET FER. ET STRYCHERIS.	1 75 8 50
OPIU. ET CAMPH. ET TANNIN.	1 00	4 75	Quinia Sulph., 1 gr.	
Pulv. Opii, $\frac{1}{2}$ gr. Camphorae, 1 gr.			Ferril Carb. (Vallat's) 2 grs.	
Acid Tannic, 2 grs.			Strych. Sulph., 1-60 gr.	
OPIU. ET PLUMBI ACET.	75	8 50	QUINIA ET FERRI ET STRYCHN Phos.	1 75 8 50
Pulv. Opii, $\frac{1}{2}$ gr.			Phos. Quinia, 1 gr.	
Plumbi Acet, $\frac{1}{2}$ gr.			" Iron, 1 gr.	
PHOSPHORUS, 1-50 gr.	1 00	4 75	" Strych., 1-60 gr.	
1-100 gr.	1 00	4 75	QUINIA, IODOFORM AND IRON.	3 00 14 75
PHOSPHORUS COMP.	1 25	8 00	Iodoform, 1 gr.	
Phosphorus, 1-100 gr.			Ferril Carb. (Vallat's) 2 grs.	
Ext. Nux Vomica, $\frac{1}{2}$ gr.			Quinia Sulph., $\frac{1}{2}$ gr.	
PROPHORUS, IRON & NUX VOMICA.	1 75	8 50	QUINIA, VALERIANATE, $\frac{1}{2}$ gr.	2 00 9 75
Phosphorus, 1-100 gr.			" ET FERRIVALE, 2 grs.	3 00 17 25
Ferril Carb. (Vallat's) 1 gr.			QUINIA ET HYDRAEG.	1 75 8 50
Ext. Nux Vomica, $\frac{1}{2}$ gr.			Quinia Sulph., 1 gr.	
PODOHYLLIN, 1-10 gr.	40	3 50	Mass. Hydraq, 2 grs.	
" $\frac{1}{2}$ gr.	40	1 75	Oleo-Resin. Pip. Nig., $\frac{1}{2}$ gr.	
" $\frac{1}{2}$ gr.	50	2 25	QUINIA ET STRYCHNIA.	1 75 8 50
" 1 gr.	75	8 50	Quin. Sulph., 1 gr.	
PODOHYLLIN Comp.	75	8 50	Strychnia, 1-60 gr.	
Podophyllin, $\frac{1}{2}$ gr.			QUINIA ET ZINCI. VALER.	4 00 13 75
Ext. Hyoscyami, $\frac{1}{2}$ gr.			Quin. Valer. 1 gr. Zincli. Valer. 1 gr.	
Nux Vom., 1-16 gr.			RHEI, U. S. P.,	75 8 50
PODOHYLLIN ET BELLADONNA.	1 75	8 50	Pulv. Rhei, 8 grs.	
Podophyllin, $\frac{1}{2}$ gr.			" Saponin, 1 gr.	
Ext. Bellad., $\frac{1}{2}$ gr.			RHEI, COM. U. S. P.,	75 8 50
Ol. Res. Capsici, $\frac{1}{2}$ gr.			Pulv. Rhei, 2 grs.	
Sacchari Lact. 1 gr.			Pulv. Aloes Socot., 1 $\frac{1}{2}$ grs.	
PODOHYLLIN COMP., (Echinocistic.)	75	8 50	" Myrrh, 1 gr.	
Podophyllin, $\frac{1}{2}$ gr.			Ol. Menth. Pip.	
Leptandrin, 1-16 gr.			RHEI ET HYDRAEG.	1 75 6 75
Juglandin, 1-16 gr.			Pulv. Rhei,	
Macrotin, 1-32 gr.			Mass. Hydraq, $\frac{1}{2}$ 4 grs.	
Ol. Capsici.			Soda Carb. Ext.	
PODOHYLLIN ET HYOSCYAMUS.	60	7 50	EHEUMATICO.	50 4 25
Podophyllin,			Ext. Coloo. Co., 1 $\frac{1}{2}$ grs.	
Ext. Hyoscyamus, $\frac{1}{2}$ $\frac{1}{2}$ gr.			" Colchi. Acet., 1 gr.	
PODOHYLLIN ET HYDRAEG.	40	3 50	" Hyoscyaml, $\frac{1}{2}$ gr.	
Podophyllin, $\frac{1}{2}$ gr.			Hyd. Chlor. Mit., $\frac{1}{2}$ gr.	
Pil. Hydrarg., 2 grs.			SANTONIN, 1 gr.	1 25 1 75
POTASS. BROMID, 1 gr.	75	3 50	SALICINIZ, 1 gr.	75 8 50
" " 5 grs.	25	6 00	" 2 grs.	1 25 8 00
" IODIB, 2 grs.	35	4 00	SCILLAC COMP., U. S. P.,	50 2 25
" PERMANG. CYST., $\frac{1}{2}$ gr.	20	2 25	Pulv. Scillace, $\frac{1}{2}$ gr.	
QUINIA SULPH., $\frac{1}{2}$ gr.	1 00	6 20	" Zin. Jamaica, 1 gr.	
" " 1 gr.	1 50	7 55	Gum Ammoniac, 1 gr.	
" " 2 grs.	2 20	15 25	Pulv. Sepomis, 1 $\frac{1}{2}$ grs.	
" " 8 grs.	4 10	21 75	EDPATIVE.	75 8 50
QUINIA VALERIANATE, $\frac{1}{2}$ gr.	2 00	9 75	Ext. Sumbil, $\frac{1}{2}$ gr.	
" " 1 gr.	3 50	17 75	" Valeriana, $\frac{1}{2}$ gr.	
" " 2 grs.	4 00	15 75	" Hyoscyaml, $\frac{1}{2}$ gr.	
QUINIA COMP.	1 75	8 50	" Cannab. Ind., 1-10 gr.	
Quinia Sulph., 1 gr.			SILVER NITRATE, $\frac{1}{2}$ gr.	75 3 50
Ferril per Hydrogen, 1 gr.			SILVER IODIDE, $\frac{1}{2}$ gr.	75 8 50
Acid Arsenious, 1-60 gr.			STOMACHICCE, (Lady Webster's Diner.	
QUINIA ET COLOCTYNTH. COMP.	2 25	11 00	ner Pills.) 3 grs.	50 2 25
Quinia Sulph., 1 gr.			Pulv. Aloes Socot.	
Ext. Col. Comp., 1 gr.			Gum Mastich. Flor. Rose.	
" Ignat. Amar., $\frac{1}{2}$ gr.			STRYCHNIA, 1-20, 1-30, 1-40, 1-50, 1-60 gr.	75 1 75
Piperino, $\frac{1}{2}$ gr.			STYPHILITIC.	60 4 75
Morph. Sulph., 1-12 gr.			Potese, Iodd., 2 $\frac{1}{2}$ grs.	
QUINIA ET EXT. BELLADONNE.	1 75	8 50	Hyd'g Chlor.: 1-40 gr.	
Quinia Sulph., 1 gr.			TART. EMINIO, 1-20, 1-10, $\frac{1}{2}$ gr.	60 1 75
Ext. Belladon., $\frac{1}{2}$ gr.			TONIC.	60 2 75
QUINIA ET FERRI CARE.	1 75	8 50	Ext. Gentianæ, 1 gr.	
Quinia Sulph., 1 gr.			" Humuli, $\frac{1}{2}$ gr.	
Ferril Carb. (Vallat's) 2 grs.			Ferril Carb. Sache, $\frac{1}{2}$ gr.	
QUINIA ET FERRI FRECCIANA.	2 25	11 00	Ext. Nur. Vomica, 1-20 gr.	
Quinia Sulph., 1 gr.			Res. Podophyll, 1-25 gr.	
Ferril Ferroc., 1 gr.			Ol. Res. Zingiber, 1-10 gtt.	
Olen-Res. Capsici, 1-10 gr.			TRILLIN, 1-10 gr.	50 1 25
Gelsemin, 1-20 gr.			TRIPLEX.	75 3 50
Podophyllin, 1-20 gr.			Aloes Socot., 2 grs. Pil. Hydrarg., 1 gr.	
Strychnia, 1-60 gr.			Podophyllin, $\frac{1}{2}$ gr.	
QUINIA ET FERRI.	1 75	8 50	VERATRIA SULPHATE, 1-12 gr.	1 20 6 00
Quin. Sulph., 1 gr.			ZINCI VALERIANATE, 1 gr.	1 00 4 75
Ferum per Hydrogen, 1 gr.				

W. J. M. GORDON'S FLUID EXTRACTS.

	Per Pint.	Per Pint.	
Aconite Leaves, <i>Aconitum Napellus</i>	\$1.90	Cherry Bark, Wild, <i>Prunis Virg.</i>	1.75
" Root, " "	2.00	" Comp. "	1.75
Agrimony, <i>Agrimonie Eup.</i>	2.25	Chestnut Leaves, <i>Castanea Americana</i>	2.00
Aleuria, <i>Aleuria Fur.</i>	2.25	Claretta, <i>Agath Chir.</i>	4.00
Aloe.....	2.75	Cinnamon Bark, "Ceylon," <i>Cassia</i>	3.00
Allspice, <i>Eugenia Pimenta</i>	2.00	Cinchona Aromat.	4.25
Am. Polyposis, <i>Amplectopsis Quinque</i>	2.00	Cinchona, Cal. U. S. P.	4.25
Am. Valerian, Lady's Slipper, <i>Cypripedium</i>	2.25	" Comp.	2.60
Angelica Root, Angelica.....	1.25	" Palad.	2.50
Augusturn Bark, <i>Gilepsia Off.</i>	4.00	" Rub.	4.25
Aulse Seed, <i>Pinnaplanaria Antium</i>	8.00	Cleavers, <i>Gallium</i>	1.25
Apple-tree Bark, <i>Pyrus Malus</i>	1.50	Clover, <i>Caryophylus Arom.</i>	2.00
Arnica, <i>Arnica Montana</i>	1.75	Clover Heads, <i>Trifolium Pratense</i>	2.00
Arnica Root.....	2.25	Coca, <i>Erythroxylon Coca</i>	7.50
Aromatic.....	2.25	Cochineal, <i>Coccus Cacti</i>	4.00
Asparagus, <i>Asparagus Offic.</i>	1.25	Coffee, <i>Coffea Arabica</i>	3.00
Ash Black, <i>Frasinus Samb.</i>	2.00	Cochicum Root, <i>Colchicum Autumnale</i>	2.00
Ash White, <i>Frasinus Acum.</i>	2.00	Cochicum Seed, <i>Colchicum Autumnale</i>	2.75
Avens Root, <i>Geum Rivale</i>	1.50	Collinsonia, <i>Collinsonia Can.</i>	1.75
Balsam Fir, <i>Abies Vesio</i>	1.50	Coccygyn, <i>Coccygynthis</i>	3.25
Balm, Sweet, <i>Melisa</i>	1.25	Colocynth Comp.	2.25
Balm Gillead.....	1.50	Columnbo, <i>Cocculus Palmatus</i>	2.50
Balmomy, <i>Chelone Glabra</i>	1.25	" Amer., <i>Fraseri</i>	1.75
Barberry Bark, <i>Berberis</i>	1.25	Coltsfoot, <i>Tussilago</i>	1.60
Bayberry, <i>Myrica Cereifera</i>	1.25	Comfrey, <i>Symphytum</i>	1.50
Bayberry Comp., <i>Myrica Cereifera</i>	1.25	Condurango.....	4.00
Bearfoot, <i>Polygonum Fred.</i>	4.00	Conium, <i>Conium Maculatum</i>	2.00
Belladonna Atropa, <i>Belladonna</i>	2.50	Conium Seed, <i>Conium Mac.</i>	2.50
Belladonna Root, <i>Atropa Belladonna</i>	2.50	Coriander Seed, <i>Coriandrum Sativum</i>	2.00
Beth Root, <i>Trillium</i>	1.75	Cotton Root Bark, <i>Gossypium Herbacum</i>	3.00
Bitter Root, <i>Aesculus Andros.</i>	2.00	Cram Bark, <i>Viburnum</i>	1.50
Bittersweat, <i>Dulcamara</i>	1.50	Cranesbill, <i>Geranium Maculatum</i>	1.75
Bladder Root.....	4.50	Crawley.....	3.50
Black Alder, <i>Alnus Verte</i>	1.50	Cubebes, <i>Alchorholic Cubeba</i>	2.50
Black Haw, <i>Viburnum Prun.</i>	1.75	" Elerical, <i>Oleo-Resina</i>	7.50
Blackberry Root, <i>Rubus Vilosus</i>	1.50	Culver's Root, <i>Leptandra Virg.</i>	2.00
Black Cohosh, <i>Cimicifuga</i>	2.00	Celery Seed.....	3.00
Black Cohosh Comp.	2.00	Couch Grass, <i>Triticum Rep.</i>	2.00
Black Heliebor, <i>Helleborus Niger</i>	1.75	Dauniana.....	6.00
Black Pepper, <i>Piper Nigrum</i>	1.75	Dandelion, <i>Taraxacum</i>	2.00
Bloodroot, <i>Sanguinaria Canad.</i>	1.75	" Comp.	2.00
Blue Cohosh, <i>Caulophyllum</i>	1.50	" and Seuna.....	1.75
Blue Cohosh Comp.	2.00	Dewberry Root, <i>Rubus Trivialis</i>	1.50
Blue Flag, <i>Iris Versicolor</i>	1.75	Deer Tongue, <i>Littrix Odor</i>	2.00
Boneset, <i>Eupatorium Perfol.</i>	1.25	Dog Wood, <i>Cornus Flor.</i>	1.25
Boxwood, <i>Corus Florida</i>	1.50	Dagon Root, <i>Arum Triphyllum</i>	2.50
Broom Tops, <i>Scoparius</i>	1.75	Dwarf Elder, <i>Aralia Hispida</i>	1.25
Bryonia, White, <i>Bryonia Alb.</i>	2.50	Evening Primrose, <i>Oenothera Bienn.</i>	4.00
Buchu, <i>Bucania</i>	2.50	Elder Flowers, <i>Sambucus</i>	1.50
" Comp.	2.50	Elecampane, <i>Inula</i>	1.25
Buchen and Pareira Brava.....	3.50	Ergot and Cotton Root.....	3.50
Buckthorn, <i>Rhamnus Cath.</i>	1.50	Ergot Acet, <i>Secaleornum</i>	5.00
Buckthorn Berries.....	1.50	Ergot, <i>Ergota</i>	5.00
Buckthorn Brake, <i>Osmunda Regalis</i>	2.00	Ergot Ethereal.....	6.00
Bugleweed, <i>Lycopus Virginicus</i>	1.50	Eucalyptus, <i>Glubulus</i>	4.50
Burdock, <i>Lappa Minor</i>	1.50	Euphrasia, <i>Euphrasia Off.</i>	1.75
Bur-lock Seed.....	1.50	False Unicorn Root, <i>Helonias Dioica</i>	3.00
Butternut, <i>Juglans</i>	1.25	Fennel Seed, <i>Foeniculum Vulgare</i>	2.00
Button Snake Root, <i>Liatris Spirata</i>	1.50	Fern, Sweet, <i>Onopteris</i>	1.25
Buckthorn Bark, <i>Rhamnus Frang.</i>	2.00	Fever Bush, <i>Benzoina Odoriferum</i>	1.25
Cactus Grandiflora.....	18.00	Fever Tree, <i>Eucalyptus Glob</i>	6.00
Caenorhynchus, <i>Americana</i>	2.00	Feverfew, <i>Purethrum</i>	1.25
Calabar Bean.....	6.00	Figwort.....	1.75
Calamus Root.....	2.00	Fireweed, <i>Erechtites</i>	1.50
Calendula Flos.....	4.00	Fleabane, <i>Erigeron</i>	1.50
Canter Root, <i>Orobanche Virginis</i>	2.25	Foxglove, <i>Digitalis</i>	1.75
Canella, <i>Canella Alba</i>	1.50	Fringe Tree, <i>Chiomanthus Virg.</i>	3.00
Cannabis Indica.....	3.50	Frosiwort, <i>Helianthemum</i>	1.50
Cantharides.....	5.00	Gills, <i>Galla</i>	2.75
Caraway Seed.....	3.00	Garden Celandine, <i>Chelidonium</i>	1.50
Cardamon Seed.....	7.50	Garlic, <i>Allium Sativum</i>	2.00
Cardamon Seed Comp.	3.00	Geisentium, <i>Gels. Semp.</i>	2.50
Carpenter Square, <i>Scrophularia Mar.</i>	1.75	Gentian Gentiana Lutea.....	1.50
Cas or Leaves, <i>Ricinus Coms.</i>	3.00	" Compound.....	1.75
Cascarilla, <i>Croton Eleuteria</i>	1.00	Ginger, <i>Zingiberis</i>	2.25
Castor Oil Bean.....	3.00	Golden Rod, <i>Solidago</i>	1.25
Castor Oil Bean Arom.....	3.00	Golden Seal, <i>Hydrastis</i>	2.00
Cassia, <i>Cinnamomum</i>	8.00	Gold Thread, <i>Coptis</i>	1.75
Catnip, <i>Nepeta Cataria</i>	1.25	Gravel Plant, <i>Epigaea Repens</i>	1.75
Catechu.....	2.00	Greek Valerian.....	1.75
Cayenne, <i>Capsicum</i>	3.00	Guaiaac Wood, <i>Guaiacum Off.</i>	1.50
Centaury, Red, <i>Sabbatia</i>	1.50	Guarana, <i>Paullinia Sorbilis</i>	10.00
Chamomile, <i>Anthemis</i>	1.75	Grindelia Robusta.....	4.00
Cheekerterry, <i>Mitchella Repens</i>	1.25	Hardhack, <i>Spiraea Tomentoso</i>	1.25

W. J. M. GORDON'S PRICE LIST OF FLUID EXTRACTS.

	Per Pint.		Per Pint.
Hellebore, American, <i>Fetidum Viride</i>	\$2 00	Pink Root, Comp.,.....	2 50
" Black, <i>Helleborus Nig.</i>	1 75	" " <i>Spigetia Maritima</i>	2 50
" White, <i>Feratrum Alb.</i>	2 00	" " and Senna.....	2 00
Hemlock, <i>Pinus Canadensis</i>	1 25	Pipsissewa, <i>Chimaphila Umb.</i>	1 50
Hepbane, <i>Hyoscyamus</i>	2 50	Pitcher Plant, <i>Sarracenia Purpurea</i>	2 50
High Cranberry, <i>Viburnum Opulus</i>	1 50	Plantain Leaves, <i>Plantago Major</i>	1 50
Hoehhoued, <i>Morrubium</i>	1 50	Pleurisy, <i>Aesclepias Tub.</i>	2 00
Hops, <i>Humulus</i>	2 50	Poke Berries, <i>Phytolacco Pacca</i>	1 75
Horse Radish, <i>Cochlearia Armor.</i>	2 00	Poison Oak, <i>Rhus Tox.</i>	3 00
Horsewort, <i>Monarda</i>	1 50	Poke Root, <i>Phytolacco Dec.</i>	1 50
Hydrangea, <i>Hydrangea Abariscaens</i>	1 75	Poplar Bark, <i>Populus</i>	1 25
Hyssop, <i>Hyssopus</i>	1 50	Poppies, <i>Popaver Somniferum</i>	1 75
Iguatia Beon, <i>Ignatia Amara</i>	3 50	Pomegranate Bark, <i>Punica Granatum</i>	3 00
Indian Hemp, <i>Apocynu Curap.</i>	2 00	Pond Lilly, <i>Nymphaea Odorata</i>	1 25
" Foreign, <i>Canabis Indica</i>	3 50	Prickly Ash, <i>Xanthoxylum</i>	1 75
" " White, <i>Acanthia Inc.</i>	1 75	" Berries, <i>Xanth. Bacca</i>	3 00
" " Physic, <i>Gillenia Trifoliata</i>	1 25	Ptelea, <i>Ptelea Trifoliata</i>	2 00
" Turnip, <i>Arum Taiiph.</i>	1 50	Puisatilla.....	2 50
Ipecac, American, <i>Gillenia</i>	1 50	Pumpkin Seeds, <i>Cucurbita Pepo</i>	3 00
Ipecac, <i>Céphædis Ipecacuanha</i>	6 00	Quassia, <i>Simaruba Ercelma</i>	1 50
" and Seneca.....	6 00	Queen of Shadow, <i>Eupatorium Purp.</i>	1 50
Jalap, <i>Jalapa</i>	4 00	Raspberry Leaves, <i>Rubus Strig.</i>	1 50
Jersey Tea, <i>Ceanothus Armor.</i>	1 50	Red Root, <i>Ceanthus Amer.</i>	2 00
Jaborandi, <i>Pilocarpus Pinnatus</i>	7 50	Red Saunders, <i>Santalumum Rubrum</i>	1 25
Johnswort, <i>Hypericum</i>	1 25	Rhatany, <i>Krameria</i>	2 00
Juniper Berries, <i>Juniper is Communis</i>	1 25	Rhubarb, <i>Rheum</i>	5 00
Kino.....	2 00	" Aromatic.....	4 75
Kousso, <i>Brayera Anthelmintica</i>	7 50	" and Potass.....	4 00
Ladie's Slipper, <i>Cypripedium Pubescens</i>	2 25	" and Senna.....	4 00
Larkspur Seed, <i>Delphinium Consoida</i>	1 00	Resin Weed, <i>Silphium</i>	3 66
Laural Leaves, <i>Kalmia</i>	1 75	Rue, <i>Ruta Gravolens</i>	3 00
Ldmon Peel, <i>Ditrus Linonum</i>	1 25	Saffron, <i>Crocus Sativus</i>	4 04
Lettuce, <i>Lactuca Sativa</i>	1 50	Sage, <i>Scleria Officinalis</i>	1 50
Licorice, <i>Glycyrrhiza Glabra</i>	1 50	Sarsaparilla, <i>Amer.</i>	1 50
Life Root, <i>Senecio Aureus</i>	1 50	" Compound.....	2 25
Lily White, Pond, <i>Nymphaea</i>	1 35	" Smilac.....	3 25
Liverwort, <i>Hepatica Americana</i>	1 50	" for Syr. <i>Sarsaparilla Comp.</i>	2 15
Lobelia, <i>Lobelia Inflata</i>	1 75	" and Dandelion.....	2 50
Lobelia Seed, <i>Lobelia Inflata</i>	2 50	Sassafras, <i>Sassafras Offic.</i>	1 84
" Comp.....	1 75	Sandal Wood, <i>Santalum Alb.</i>	3 00
Log wood, <i>Hematocylon</i>	1 25	Sav n, <i>Juniperus Sirima</i>	1 54
Lovage, <i>Ligusticum Leniati</i>	1 50	Savory, <i>Satureja Montensis</i>	1 48
Lungwort, <i>Pulmonaria</i>	1 50	Scull Cap, <i>Scutellaria</i>	2 25
Lupulin, <i>Lupulina</i>	3 50	Sculleap, Comp.....	1 75
Lupulin, Comp.....	3 00	Senecio, <i>Senecio Grae</i>	1 66
Malt.....	2 00	Seneka, <i>Polygala Senega</i>	4 90
Myrrh.....	2 00	Senna, <i>Cassia Acutifolia</i>	1 50
Mace, <i>Myristica Fragrans</i>	5 00	" Compound.....	2 00
Maidenhair, <i>Adiant Ped.</i>	1 50	" and Dandelion.....	1 46
Male Fero.....	1 50	" and Jalap.....	3 00
Mandrake, Comp.....	1 75	" and Rhubarb.....	4 79
Mandrake, <i>Podophyllum</i>	1 75	Sheep Laurel, <i>Kalmia Lat.</i>	2 06
Marsh Mallow, <i>Althaea Of.</i>	1 50	Silkweed, <i>Aesclepius Syr.</i>	2 08
Marsh Rosemary, <i>Statice Limonum</i>	1 25	Simaruba, <i>Simaruba Offic.</i>	3 30
Masterwort, <i>Beraleum Lanatum</i>	2 00	Skunk Cabbage, <i>Dracuncium</i>	1 58
Matice, <i>Artanthe Elongata</i>	8 00	Snake Root, <i>Virginia Serpentaria</i>	3 69
Mezeron Bark, <i>Mezereum</i>	2 00	Soap Tree Bark, <i>Quillaya Sapon.</i>	2 06
Motherwort, <i>Leonurus</i>	2 00	Soapwort, <i>Saponaria</i>	1 50
Mountain Ash Bark, <i>Sorbus Acer</i>	1 50	Solomon's seal, <i>Conv. Polygonatum</i>	1 50
Mugwort, <i>Artemisia</i>	1 25	Southernwood, <i>Artem Abrotanum</i>	1 50
Musk Root, <i>Sambal</i>	5 50	Speed well, <i>Veronica Off.</i>	2 00
Mullein Leaves, <i>Verbascum</i>	1 25	Spearmint, <i>Mentha Viridis</i>	1 25
Nettle, <i>Urtica Dioica</i>	1 50	Spicewood Berries, Comp.....	3 00
Nutmegs, <i>Gala</i>	1 50	Spikenard, <i>Arilia Racemosa</i>	1 56
Nutmeg, <i>Myristica</i>	5 00	Squaw Vine, <i>Mitchella Rep.</i>	2 09
Nutmeg, <i>Myristica Frag.</i>	6 00	Squill, <i>Silla Maritima</i>	1 50
Nux Nominis, <i>Strychnos Nao Vomica</i>	2 25	" Compound.....	3 00
Oak Bark Red, <i>Quercas Rub.</i>	1 25	Sphysastragria.....	4 53
Opium, Aqueous, Strength of Laudanum.....	8 50	Star Grass, <i>Aletris</i>	2 06
" Deodorized.....	3 50	Stillingia, <i>Stillingia Silcatita</i>	2 50
Orange Comp, <i>Aarant Cort.</i>	3 00	" Compound.....	2 50
Orange Peel, <i>Aarantium</i>	1 50	Stone Root, <i>Collinsonia</i>	1 75
Orange Peel Bitter, <i>Citrus Valgaras</i>	1 50	Stramonium Leaves, <i>Strava Fol.</i>	1 75
Orris Root, <i>Iris For</i>	1 75	" Seed.....	1 75
Pareira Brava, <i>Cissampelospeles Paretra</i>	4 00	St. John's Wort, <i>Hypericum</i>	1 55
Parilla Yellow, <i>Menisp. Can.</i>	1 40	Samach, <i>Rhus Glabram</i>	1 25
Patridge Berry, Comp.....	1 60	Sauvach Berries, <i>Rus Glabram</i>	1 25
Patridge Berry, <i>Mitchella Repens</i>	1 75	Summer Savory, <i>Satureja Hort.</i>	1 50
Peach tree Bark, <i>Amygdalus Persica</i>	1 50	Sundew, <i>Drosera Rotundifolia</i>	4 50
Pellitory, <i>Pyrethrum</i>	2 00	Sunflower Seed.....	1 75 (
Pennyroyal, <i>Hedeloma Pulegioides</i>	1 50	Sweet Fern, <i>Comptonia Ap.</i>	2 06
Peppermint, <i>Mentha Peppertia</i>	1 25	Sweet Flag, <i>Acorus Calamus</i>	1 50
Peach Leaves, <i>Amygdalus Persica</i>	1 75	Sweet Gale, <i>Mysica Gale</i>	1 50
Peach Pits, ".....	3 00	Tag Alder, <i>Anus Rubra</i>	1 25

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	Per Pint.		Per Pint.
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Tansy, <i>Tanacetum</i>	1 25	White Poplar Bark, <i>Populus Trem</i>	1 50
Thimble Weed	1 75	Whitewood Bark, <i>Liquidambar</i>	1 25
Thoroughwort, <i>Eupatorium Perfol.</i>	1 25	Wickup, <i>Erythrina Pal</i>	2 50
Thyme, <i>Thymus Vulgaris</i>	1 25	Wild Ginger, <i>Aurum</i>	2 00
Tobacco, <i>Nicotiana Tabac</i>	2 00	Wild Indigo, <i>Baptisia Tinctoria</i>	1 50
Toiba Bean, <i>Dipteris Obovata</i>	3 00	Wild Turnip, <i>Arum Triphyllum</i>	1 25
Tomentilla, <i>Potentilla Tomentilla</i>	2 00	Wild Yam, <i>Dioscorea Villosa</i>	1 50
Trailing Arbutus, <i>Erythraea Repens</i>	2 00	Willow Bark, <i>Salix</i>	1 25
Trinket Corn, <i>Corydalis</i>	8 00	Wintergreen, <i>Gaultheria Procumb</i>	1 50
Turmeric, <i>Curcuma Longa</i>	1 25	Witch Hazel, <i>Hamamelis Virg</i>	1 50
Twin Leaf, <i>Jeffersonia Diphylla</i>	1 50	Wormseed, <i>Chenopodium</i>	1 20
Unicorn Root, <i>Aletis</i>	3 00	Wormwood, <i>Artemisia Absinth</i>	1 50
Uva Ursi, <i>Arctostaphylos</i>	1 50	Yarrow, <i>Achillea Millefoli</i>	1 25
Valerian, <i>Valerian Offic</i>	2 00	Yellow Dock, <i>Comp</i>	1 50
Vernatrum Viride	2 50	Yellow Dock, <i>Ranunculus Crispus</i>	2 00
Vervain, <i>Verbena Offic</i>	1 25	Yellow Jessamine, <i>Gelsemium</i>	2 50
Wehoo, <i>Kunayamus</i>	2 25	Yellow Parilla, <i>Menispermum Canad</i>	2 00
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J. F. FORMAN, M. D.

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INDEX, VOL. XII.

	PAGE.
American Academy of Medicine, Annual Address.....	16
Asthma, Treatment of.....	62
Apoplexy, Predisposition to, etc.....	85
Arsenic as a Blood Tonic.....	130
Asthma, Iodide Potass. in.....	160
Antispasmodic Potion.....	205
Alum in our Bread.....	215
Alcoholism, Treatment of.....	246
Aperture Question.....	344
Archebiasis.....	380
American Society of Microscopists.....	403
Agustia, etc.....	410
Amyl Nitrite in Opium Habit.....	413
Arsenic in Paper Cigar Holders.....	415
American Academy of Medicine.....	425, 647
Atropine, Dangerous Use of.....	444
Aneurism of Aorta.....	448
Ammonia, Injection in Heart Failure.....	451
Acidity, Preternatural.....	456, 631
Anasarca, Surgical Treatment.....	488
Asthma, Inhaling Fluid for.....	493
American Medical Association.....	502
Animal Temperature.....	527
Abortion, Anatomical Evidence.....	677
Blood in Diagnosis.....	769
Baltimore Academy of Medicine.....	812
Bumstead, Dr., Death of.....	855
Blood Corpuscles.....	135
Biological Society of Paris.....	152
Brown Seaward's Lectures.....	154
Brain, Localization of Diseases.....	169
Blood Corpuscles, Colorless.....	190
Bromide Potassa in Chronic Chills.....	203
Bartholow, Prof Roberts.....	214
Berlin, Notes from	229
Blood Corpuscles, Nucleus in	347, 404
Board of Health Resolutions.....	359
Burns, Lister's Method in	414
Bed Sores, Treatment of	416
Bladder, Introduction of Instruments	416
Biological Society of Paris, Proceedings	443
Blood Current, Injection into	443
Bees, Molecular	476
Bacteria, Method of Preserving	479
Blood, Lobster's	484
Bismuth Ointment	633
Battey's Operation	637
Congenital Cyst of Neck	102
Catheter, New Application of	131
Clinical Lecture in Jefferson College	156
Cornea, Ulcer of	156
Cataract, Operation for	157
Carbolizing Spray	160
Castor Oil in Illinois	202
Copaiba in Jaundice and Cirrhosis	272
Curare in Epilepsy	274
Color Blindness	316
Constipation by Dyspepsia	334
Cerebral Surgical Pathology	392
Contagium Vivum	394

	PAGE.
Carbolic Acid, Antidote in Poisoning.....	416
Clinical Lecture at Bellevue Hospital.....	448
Cantry, Actual.....	469
C stitis, Linseed Oil in.....	486
Cremation	489, 557
Chloral in Retention of Urine	493
Caustics in Diseases of the Throat.....	544
Chlorate Potass, Dangers of.....	556
Cholera Infantum	698
Contagious and Infectious Sickness.....	680
Cirrhosis from Inebriety.....	634
Camphor, Application of Chloral.....	636
Chancre and Chancroid, Difference.....	671
Cerebral Anatomy.....	758
Consumption, Cause of.....	768
Charity Work.....	776
Callender, Dr Geo. W., Decease of.....	791
Consumption Cured.....	846
Cranial Sequestrum	846
Diarrhea, Treatment of Infantile.....	659
Dentition.....	701
Deafness, Catarhal	742
Diphtheritic Poison.....	847
Discovery, Lockyer's	53
Dyspepsia Flatulent.....	63
Diphtheria, Treatment of.....	71
Diphtheral Statistics.....	93
Drains and Sewers.....	93
Decimal Weights and Measures.....	96
Dyspepsia from Constipation.....	334
Dextro-Quinine as an Antiperiodic.....	358
Disinfectant and Deodorizer, Cheap.....	415
Diuretic Potass, Bromide as.....	415
Diarrhea, Nursing a Cause of.....	455
Diarrhea, Dentition Producing.....	457
Diarrhea Caused by Diet.....	457
Diarrhea in Children.....	488
Diabetes.....	549
Dyspepsia, Treatment of.....	595
Disinfectants and Deodorants.....	627
Diphtheria.....	636
Deafness, Tobacco Smoke in	637
Disinfectants	646
Erysipelas Treatment.....	184
Eucalyptus	198
Elephantiasis	201
Epilepsy	206
Eczema Squamosum	206
Epilepsy, Curare in	274
Epilepsy, Treatment of	412
Electricity in Neuralgia	415
Electricity, Dosage Effects of	466
Exhibition of Royal Society	481
Epididymitis, Treatment of	489
Evolution	497
Eye Clinic, Reports of Cases.....	542
Esophagus, Foreign Bodies in	555
Eczema, Treatment of	556
Ear, Objective Snapping Noises	586
Enemata, Life Supported by	635
Epididymitis and Elastic Bandage	638
Exanthematous Diseases, Treatment of	649

	PAGE.
Evolution Theory	698
Errors in Diet.....	771
Epilepsy Cured by Removal of Ovaries.....	778
Fermentation in Disease.....	191
Flatulent Diarrhea.....	458
Faradic Current in Neuralgia.....	459
Female Bladder, Removal of Pins.....	473
Freckles.....	638
Germs, Theory of by Pasteur, etc.....	, 38, 109, 217
Glass, Toughened.....	131
Gynecological Operating Table.....	269
Gonorrhea, Piper Methysticum in.....	378
Generation, Spontaneous.....	380
Gonorrhœa, Emollient Treatment of.....	557
Growths, Malignant.....	616
Graham, Prof. James, Disease of.....	720
Headaches, Causation and Symptomatology.....	6
Headaches, Treatment of Idiopathic.....	73
Hydrate Chloral.....	138
Hip Disease, Diagnosis of.....	200
Headache, Pathology and Treatment.....	271
Hemorrhage, Post-Partum.....	273
Hays, Decease of Dr. Isaac.....	285
Hemorrhoids Treated by Hypodermic Syringe.....	323
Hysterical Reflex Neurosis.....	411
Homeopathy.....	503
Hernia, Radical Cure of.....	513
Hiccup Cured by Pilocarpine.....	558
Horlick's Hood.....	576
Hip-Joint, Dislocations of.....	577
Hospital of the University of Pennsylvania.....	591
Hemorrhage Controlled by Autate Lead.....	624
Hemorrhage, Malarial.....	633
Hay Fever.....	645
Hysterical Cases.....	683
Hæckle <i>vs.</i> Virchow.....	698
Heads, Measurement of.....	790
Iron, Manufacture of.....	714
Indecency in a Medical College.....	718
Insane Delusion, Responsibility in.....	721
Intussusception in Infants.....	777
Impulse, Morbid	853
Illumination with High Powers.....	119
Iodoform—Its Uses	244
Intertrigo in Infants.....	554
Irregular Graduating	573
Jaundice, Lumbinei in.....	127
Jaborandi in Pleuritic Effusion.....	241
Jaborandi, Remarks on	258
Juvenile Insanity.....	793
Jessamine, Yellow.....	822
Kentucky State Medical Society.....	568
Kidney, Acting.....	177
Longworth, Landon R., Decease of.....	68
Leather, Water-proofing of.....	130
Lung Disease, Diagnosis of.....	188
Longview Lunatic Asylum.....	356
Lactopeptine.....	410
Labor, Forceps in	486
Lunatic Asylums, Outrages in	787
Leprosy.....	842
Malt, Remarks on Extract.....	35

	PAGE.
Microscope in Medical Jurisprudence.....	56
Microscopical Section of Cincinnati, Natural History Society.....	55
Michigan State Board of Health.....	89
Medical Practice, Regulation.....	91
Marriage, Syphilis Affecting.....	117
Malarial Fevers of Cyprus.....	128
Microscopy in Diagnosis.....	185
Microscopy of Pus Corpuscles.....	187
Medical Society, West Chicago.....	255
Microscopical Society of San Francisco.....	264
Microscopical Society of New York.....	265
Micro-Photographs of Blood, etc.....	267
Manatee	288
Michigan State Board of Health.....	299, 505
Mysophobia	336
Microscopical Society, Royal of London.....	338
Medical Herald	359
Maltine.....	360
Medical Society of County of New York.....	659
Menorrhagia, Hot Water in.....	690
Membr'a Tympani, Degeneration.....	757
Medical Society of District of Columbia.....	766
Microscopic Fungi in Consumption.....	768
Microspectroscope, Use of.....	770
Meat Diet	775
Metorrhagia.....	777
Maltine.....	791
Meigs, Dr. Jas. Aitkin, Decease of.....	792
Monobride of Camphor in Insanity.....	387
Malignancy in Tumors.....	397
Microscopists, American Society of.....	403
Microscopic Sections, Wet Collodion for.....	405
Microscopic Objects of Animal Tissues.....	407
Microscopic Objects of Dr. Seiter.....	409
Malt, Trommer's Extract.....	409, 411, 487
Magnesia, Milk of.....	428
Myelites with Formation of Cavities.....	462
Medulla of Alligator.....	463
Metallo, Theropy	464
Maltine.....	485
Metritis, Treatment of Cervical.....	490
Milk Fever	490
Microscopy of Sarcomatous Degeneration.....	563
Measles, Treatment.....	634
Microscopists, American Society of.....	638
Nasal Catarrh Treatment, Iodine in.....	33
National Catalogue Medical Literature.....	71
Natural History Societies of England.....	145
New York Pathological Society	248
New York Academy of Medicine.....	306
Nursing a Cause of Diarrhea	455
Neurological Association, American.....	459
Nitrite Amyl in Suspended Animation.....	632
Nervous Dyspepsia.....	635
Nipples, Treatment of Cracked.....	637
Nitrite Amyl in Post-partum Hemorrhage	847
New Orleans Health Office.....	854
Objective, Tolles' New	55
Opium	71
Oils, Illuminating	90
Objectives, Zeiss.....	122
Objective, one-half inch of Bausch and Lomb.....	125

	PAGE.
Opium, Antagonism with Belladonna.....	199
Objective of Spencer, one-tenth.....	268
Obstetric Forceps, Report on.....	289
Organisms, Preserving Lower.....	479
Otitis Purulent, Treatment.....	848
Polypi, Aural.....	1
Phthisis, Varieties of Pulmonary.....	47, 104
Purulent Ophthalmia in Infants.....	62
Professional Learning.....	94
Pleurisy.....	99
Purpuric Hydroa.....	129
Plague in Russia.....	143, 286
Potassium in Asthma	162
Pleuritic Effusions, Treatment.....	180
Poultice, How to Make.....	203
Pre-Christian Hospitals.....	214
Post-partum Hemorrhage.....	273
Professional Advertising.....	315
Plague, The.....	331, 499
Polypi, Uterine and Fibroids.....	388
Potassium Bromide in Chills.....	410
Paralysis, Infantile.....	413
Progressive Pernicious Anaemia.....	475
Prescription, Fatal.....	491
Paracentesis Pericardii.....	491
Parke, Davis & Co.....	501
Post-partum Hemorrhage, Hand a Curette.....	509
"Public Charities and Correction".....	601
Prostitution, Regulation of.....	623
Prescriptions, Refilling.....	636
Paracotoxin, in Cholera.....	636
Puerperal Eclampsia.....	656, 812
Paracentesis Pericardii; Is it Justifiable?.....	696
Physicians, Changing.....	790
Phillips, Preparations of.....	792
Pleurisy Treated by Jaborandi.....	844
Pelvis, Deformed.....	845
Prescription Altering.....	855
Quinine, Duty on.....	635
Quinine and Capsicum.....	637
Quinine, Abuse of.....	774
Quinine, New Preparation of.....	776
Reed, Dr. C. A. L., Letter.....	136, 141
Romollissement Rouge.....	359
Rabies, Novel Pathology of.....	447
Rheumatism, Salicylic Acid and Salicin in	547, 621
Rheumatism, New Discoveries.....	621
Rectum, Congenital Absence.....	843
Symptoms, Diagnostic Importance of.....	26
Sciatica and Profanity.....	63
Sanitary Topography.....	92
Syphilis, Lectures on.....	113
Scarlet Fever, Salicylic Acid in	126
Scirrhus of Breast.....	158
Symphepharon, Cure of.....	182
Septicemia, Causation of.....	200
Silphium Cyrenaium.....	204
Salycilic Acid, Daily Use.....	205
Strychnia on Brain, etc.....	270
St. Louis as a Health Resort.....	353
Scarlatina, Treatment of Malignant.....	391
Scarlet Fever, Treatment of.....	394

	PAGE.
Seiler, Dr., Objects of.....	409
Sutton, Death of Dr.....	418
Sexes, Differentiation of.....	445
Salicylic Acid for Tenia.....	492
Salicylic Acid as an Antiphrodisiac.....	493
Spectacles, How to Postpone Use of.....	504
Snellen's Test.....	543
Syphilis, Constitutional Treatment.....	629
Salicin a Tonic, Salicylic Acid a Depressant.....	631
Strumous Diseases.....	772
Sphygmograph, Preserving Tracings.....	778
Scarlet Fever Epidemic.....	779
Skin Diseases, Treatment of.....	804
Syphilis, Cerebral.....	841
Trichinae in Pork.....	124
Tumors, Diagnosis of.....	189
Tobacco, Effects of.....	197
Tendon-Reflex.....	261
Thymol and its Uses.....	274
Typhoid Fever, Lecture on.....	361
Tannin, Local Uses of.....	396
Tumors, Malignancy in.....	397
Telescope, A New Reflecting.....	404
Tapeworm, How to Kill.....	414
Tumors, Differential Diagnosis.....	445
Temperature, Method of Reducing.....	454, 625
Tea, Toxic Effects of.....	464
Tongue, Method of Exercising.....	471
Test of Milk.....	492
Tenia, Salicylic Acid for.....	492
Throat, Causes of Inflammation.....	566
Therapeutics of Diarrhea.....	626
Talipes Valgus.....	763
Urine as a Medicine.....	63
Uterine Polypi and Fibroids.....	388
Urine, Constituents of.....	422
Urticaria.....	491
Ventilation of Buildings.....	90
Vibrios and Carbolic Acid.....	201
Vaccination, How to Perform.....	204
Vaughan, Prof. Daniel, Decease of.....	278
Vinegar, a Post-partum Hemostatic.....	412
Vaccination, Advantages of Single Puncture.....	413
Vaginismus.....	417
Vaccination, Importance of.....	494
Venereal Diseases.....	781
Venesection.....	812
Whooping Cough, Treatment.....	63
Wood, Geo. B., Decease of.....	285
Wounds Met with in Late War.....	433
Writer's Cramp.....	531
Water, Necessity for Providing for Children.....	599
Women, Effects of Long Engagements on.....	600
Water Closet Conveniences.....	519
Yellow Fever, Dr. Minor's Work on.....	133
Whittaker, Prof. Jas. T., Introductory Lecture.....	702
Wright, Prof. M. B., Decease of.....	719
Water, Hot, a Hemostatic in Surgery.....	751
Whooping Cough Treated by Carbolic Acid.....	847
Yangono Nativiti in Gonorrhœa.....	378
Yellow Fever, Pathology of.....	468
Yellow Fever.....	495, 575

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ORIGINAL CONTRIBUTIONS.

Juvenile Insanity.

BY ISAAC N. KERLIN, M. D.

Read before the Pennsylvania State Medical Society.

In a broad sense, and in accordance with the classification of Esquirol, which is mainly adopted by modern writers, and followed in the "Nomenclature of Diseases, American Medical Association, 1872," the idiocy and the imbecility of children are the insanities of early life.

But that childhood is subject to insanity, as the term is usually employed, accompanied or not with hallucination, is now acknowledged by some writers. In their books, it is stated to be a rare affection. Under the heading of Insanity in Early Life,* Winslow cites several remarkable cases, illustrating that during school life children may suffer from acute attacks of insanity, to all appearances recover, and the tendency remain dormant for several years, when there have been recurrences, calling for hospital treatment and restraint. He quotes Esquirol: "I am more than ever convinced, that the existing causes of insanity do not act abruptly, except when the patients are strongly predisposed. Almost all the insane exhibit before their disease some alterations in their functions, alterations which commenced many years previously, and even in infancy. The greater part had had convulsions, cephalalgia, colic or cramps, constipation, and menstrual irregularities. Several had been endowed with great

* Forbes Winslow's Obscure Disease of the Brain and Disorders of the Mind, pp. 139, 144.

activity in the mental faculties, and had been the sport of vehement, impetuous and angry passions. Others had been fantastical in their ideas, their affections, and passions; some had had an extravagant imagination, and been incapable of continuous study; others, excessively obstinate, could not live except in a very narrow circle of ideas and affections; whilst many, void of moral energy, had been timid, fearful, irresolute, indifferent to everything. With these dispositions a mere accidental cause is sufficient to make the insanity break out.

Esquirol treated two children, one of eight and another of nine years, and a girl of fourteen, all laboring under mania; he was also consulted about a child of eleven, in which the disease assumed the form of melancholia.

The early age at which insanity develops in the United States has already received attention from Drs. Evans and Worthington, in their report of Pennsylvania Asylums, who refer it to the special kind of educational influences to which childhood is subjected.

Dr. Wigan, in Winslow's Psychological Journal, vol. xi. p. 497, collects a number of cases of juvenile crime, committed without cause, and suggestive of mental alienation; while reading them the boy Pomeroy is suggested to the mind of any one.

Statistics of Dr. Boutteville give large proportions for juvenile insanity; of the total insane from five to nine years of age, 0.9 per cent.; ten to fourteen, 3.5 per cent.; fifteen to nineteen, 20 per cent. Winslow concludes "that mental disease is undoubtedly more frequent in childhood than is generally supposed."

Maudsley devotes one chapter of his inimitable text to the insanity of early life, quoting from Greding his case of a child raving mad as soon as it was born, and explaining that such child insanity is necessarily confined to conclusive reflex actions of the nervous centers. These narratives, as well as most of Maudsley's descriptions,* are open, however, to criticism, old as Spurzheim's, who viewed such cases as "partial idiots from birth." Mania, melancholia, and affective insanity, are certainly intercurrent conditions frequently observed in the history of idiots and imbeciles.

* The Physiology and Pathology of the Mind, Henry Maudsley, M. D. Part II., chap. ii. D. Appleton & Co., 1871.

The establishment of institutions for children of defective mind, in many of our American States, is bringing to our knowledge facts and statistics on this important subject, which prove that *juvenile affective insanity* is more common than has been hitherto stated: indeed, it is not improbable, that lesser degrees of this disorder have been allowed to go unrecognized, being, as they so generally are, the temporary consequences of sympathetic disturbances, or the sequelæ of acute diseases, removed when the cause is dismissed or outgrown. But in many cases this happy sequence does not occur, and the victims sink rapidly into the dementia of idiocy, or develop into erratic, excitable, vicious childhood, passing through the courts to the refuges and reformatories as criminals: from whence, if circumstances are not favorable, they graduate into the higher planes of crime, and thence into more somber institutions for penal correction; and just here I wish to say, that the experience of any institution for the feeble-minded will verify some of the findings of intelligent observers in our prisons, refuges and penitentiaries, such as suggest an underlying cerebral weakness and nervous instability, as common conditions associated with crime. The question of juvenile insanity to be recognized as affective or pathetic insanity is so open, and so fruitful of controversy, that I prefer to give illustrations from my case-book for your consideration, rather than attempt its discussion.

CASE I.—Bessie was three years old when brought to my notice; it is said that one year before she had a fall which injured her spine, followed by fever and convulsions; on her recovery from these symptoms, she was found with vacant, staring eyes; her feet turned inward, and her gait was tottering; she ran wildly from one thing to another, and seemed to have but momentary enjoyment in each; she knew not when danger was near. Before her illness she had begun to talk, knew her parents, and called them by name; after it she not only lost their names, but was wanting, in great measure, in that natural affection which before had endeared them to her. Her destructiveness was very marked, her habits became filthy, and her tastes strangely perverted. She was placed in an institution: it did not pain her to see her mother leave; she was at home in the strange place, at home with anybody. She ran among the other children, without interest in any of them.

She amused herself with what came within reach, and injured or destroyed everything that amused her. Seven months after her admission, her condition is thus described: "her eye is not now staring and vacant; her feet are not now unsteady, but as she prances through our apartments and grounds, she carries in her sure and steady step the glad tidings of approaching recovery; she is not now wild with the aimless capers of imbecility; her enjoyments are natural, and her affections are full and spontaneous. At a recent visit of her father, he was recognized by her, before he had yet seen her, and his ear caught the sound of 'papa, papa,' before he saw from whence it came. She had been wisely, painfully taken from her home, though only three years old, very soon after her calamity, and had been placed under circumstances favorable to her recovery; the result proves the self-sacrificing good sense of her parents, who, having the welfare of their child alone at heart, listened not to the false notions of *popular affection*, which inculcate indulgence at home as the pity for early misfortune, but took the best and the earliest means to restore the lost one."

CASE II.—Tom McK., aged twelve, when first brought to our knowledge was described as an incorrigible boy, who had been passed from one county home to another, through a juvenile reformatory, and at last, to prevent his own self-destruction, because of his propensity to climb the rods and water-spouts of the refuge, and to ramble dangerously over its roofings, he was locked in a secure room. Excepting his under-stature, nervous manner and glittering eyes, there was nothing in the appearance of the pale-faced boy to suggest any unlikeness to normal boyhood: indeed, his aptness in language, both usual and profane, would suggest precocity. A study of his case under treatment will discover no inability to acquire knowledge; he is but little more backward in his studies than would be any neglected boy; he is full of mischief and deceit; the usual indifference of a bad boy to punishment is morbidly increased in his case, and there is a moral hebetude and a causeless willfulness that have taken the place of the fretfulness, kickings and bitings of his earlier childhood.

Result of Treatment.—The blind propensity to climb lightning-rods seemed to have been extinguished on the first day of our intercourse, when he was gravely requested to climb a rod fastened to a stack 100 feet high, and

straighten the point, which had been injured in a storm. The little fellow seemed to measure the difficulties and to compute the impossibility, but he did not guess the purpose of his physician; he shamefacedly turned away from the chimney, evidently discomfited, and from that day he has had the freedom of the grounds, without showing any unusual disposition to clamber.

The restlessness of the eye and its strange glitter are no longer noticeable, and, by the appliances of the school, and the agreeable but constant occupation and exercise found out of school, the boy is certainly getting well. If any doubt existed as to his title to insanity, the diagnosis seemed complete, when a few days since the writer discovered Tom's mother in the insane department of a county home, one of the saddest of demented, and learned that the father had always been an unsteady, wild and violent man, seriously addicted to liquor; the boy's conception, birth and childhood—nay, his whole history was laid in physical disorder, fright and dissoluteness; happily, there are no other children.

CASE III.—Anne W., a pretty little child of seven years, was brought to me two years ago. She was slightly under stature for her age, had a peculiarly delicate and waxen skin, and a brilliant, unsettled black eye; the toes turned in slightly, and in walking, she bore most of her weight on the outer side of the right foot; the tongue in protruding diverged from the median line to the left somewhat. These indications could only be read by the physician; any casual observer would not surmise that the pretty, petite girl could be a subject for an institution for feeble-minded children, and would be slow to believe the mother, who flushed with exasperation while telling her trials, and betraying her own unfitness to nurse and rear such a babe.

She was described as obstinate to the last degree, and she proved so—clambering over sheds and out-buildings if allowed any freedom, running into danger without any apprehension or attention, but, worse than all, she repeated the livelong day, ringing in monotonous changes, the solitary idea of "marble steps." Marble steps formed the substantive of almost every sentence. "Can my mother have marble steps?" "Anne wants marble steps." Whenever meeting her mother, whenever sitting in her lap, when being rocked in her cradle, or put in her bed, this monotone

of marble steps was poured into her mother's ears, until the woman was wild with this horror, and the child had become to her an object of aversion.

This strange child was brought to our institution, and I have only to add that to-day there are no marks upon her and no impulses betraying any other than the reaction of child life to its best impressions. The child is healed to all appearances.

Now, family history helps us to the comprehension of such a case as this. Anne's father died of softening of the brain, at thirty-five, after a life of excesses, leaving two babies buried, one of cholera infantum, and one of convulsions; and two living children, Anne, already described, and a little girl of five years of age, who is dwarfed, and, as the mother feared, "growing like Anne." A son of the mother's sister, aged twenty, is in an insane asylum, and is said "never to have been all right;" so that, as far as the family history of this little girl is made up, her own blight is suggested in a poor inheritance.

CASE IV.—Ten years ago, I was called to prescribe for a child, a little girl of five, of precocious intelligence and physical growth; although but five years of age, she might apparently be eight or ten, and of a wonderful robustness. The cause of my summons was the exhaustion of family means to control this child in her violent explosions of temper; these usually occurred in the latter part of the day, were most frequently directed toward her mother, and usually ended in her dismissal to an early bed, where she would fret herself into a feverish sleep; or at other times angry ravings, and occasionally the tearing of her clothes and bedding, would discharge the tempest, from which she would sink into a deep sleep. She had had treatment for intestinal worms, and had been placed on the bromides by the family physician, but without favorable results. The anxiety of the mother was the more intense, because of the presence of grave forms of insanity in the family, and it was probably only the painful misgivings of what might be in store for this dear child, that induced them to seek a consultation. My duty was mainly to approve, perhaps, expedite, the purposes already formed by the intelligent mother.

1st. To bring in daily contact with the child a new element in the person of a discreet governess, before whom

the mother should retire; the mother's characteristics and those of her child were reacting injuriously on both.

2d. Equal amounts of in-door occupation and out-door exercise were insisted upon, and special means were provided to secure the latter. Present impressions make the life of a child, and that life can not be a happy and developing one, unless these impressions are favorable; most of their actions being reactionary to impressions, the former will not be healthy unless the latter are normal.

3d. A slight, thin white fur on the tongue suggested a possible disturbance of the nerve centers, which was more convincingly shown in some choreic movements, and a liability to ring-worm. But I only prescribed an occasional emetic of ipecacuanha, especially when there was any unusual fretfulness; and, at intervals of a week, two grains of calomel, to be taken in four powders, between five and seven P. M., to promote hepatic secretion.

4th. I employed a powerful shock for the child's moral sensibilities. I carried her through the wards of an institution for feeble-minded children, making no exposure to her that the condition of my feeble patients might be her own some day, but I found a history corresponding to her own, in the case of a girl older than herself, and in answer to her rapid questioning, I told it, leaving the application to my little patient's quick wit. Her conclusion was as specific as if I had helped her to it.

Marshall Hall* has called what I have tried to present in this case, "temper disease or ego mania." He says, "It is a perversity; an insaniola, originating in bodily disorders or mental affection, and perpetuated by a morbid indulgence of temper, and desire for sympathy and attention." Added to this, I should say with some decision that there is undoubtedly, in many of these cases, a pathological condition, probably of the membranes of the brain, accompanied, it may be, with slight effusions, which under favoring circumstances are readily and promptly re-absorbed. I regard the cause of these periodic or habitual temper explosions as pathological, and not beneath or outside of the serious attention of the family physician. Moreover, I believe that these children in whom lurk the seeds of insanity will often pass into idiocy or dementia in later life, if these early exhibitions are not arrested or

*Observations in Medicine, by Dr. M. Hall, 1st series, p. 87.

treated prudently. Case IV. made a happy recovery, or, I should say, a safe passage through a critical period of her child life, and is now a finely-balanced and very promising young woman. She remembers the cloud of her childhood as a fearful nightmare, and she is so intelligent as to provide against a sad future by a well-ordered self-restraint.

CASE V.—M. P., aet. 13. Reasoning exact in all particulars—possessing a copious vocabulary, and most retentive memory; but in natural attachment to friend, sister or mother, entirely wanting; oblivious to all rules of order and discipline; delighting only in antagonism; all methods of conciliation, restraint or punishment, which an intelligent, excellent mother could devise, have failed, and, under sheer exhaustion of all home care, she has been committed to our care.

Since her admission, she has unceasingly worried to be whipped; it has been the subject of the most complacent reflection, that some of these days she expects the matron will whip her; she has diligently inquired into the special character of our whippings, whether they leave marks, whether they draw any blood, and, eagerly imagining the delights of a flogging, she claps her hands with anticipation, exclaiming, "Oh! I shall be so happy, if they will only give me a good whipping."

All the small deprivations, which would afflict another child, are lost on her, in the ineffable joy of punishment, and she is daily and hourly circumventing all rules, misbehaving in all conceivable ways—irritating, annoying and disturbing—until her wishes for suffering shall be gratified.

The history of these five cases defines the nature of the affection I have attempted to describe, and, in conclusion of this part of my subject, it remains to briefly summarize the views of those who have studied this form of insanity.

1st. The affective insanity of children is manifested in paroxysmal passion, destructiveness and incorrigibility, in emotional storms, and fantastic willfulness.

2d. Delusions rarely exist, for these doubtless depend on a prior organization of definite ideas, which being more or less limited in the child's mind, the extent of delusion is likely to be also limited. This is exemplified in Anne, Case III. She had had but little intercourse with living things; confined to her mother's kitchen, and looking out

only upon the brick fronts and marble steps of the street on which she lived, marble steps became the nidus of a puny, fantastical delirium; her fancies or her facts never carried her to the gravity of delusion.

3d. The diagnosis in those uncertain cases which border on normal childhood, as in Cases IV. and V., consists in the unlikeness of the patient, in general behavior, to the usual standard of childhood.

Headache, coated tongue and sick stomach are frequent, as also irregularity of the heart's action, and low vital temperature; a singular luster of the eye was noticeable in all the above-mentioned cases. The advanced means of diagnosis, such as the ophthalmoscope, dynamometer, microscope, and urinary analysis have not to my knowledge been applied by any one to the study of these cases, and I must confess to my personal failure to do so in those I have reported. These recent scientific appliances for diagnosis would probably remove doubt in some cases of uncertainty.

To diagnose between the usual forms of idiocy and juvenile insanity is not so difficult; the latter condition is excitable, erratic, intractable, intense; speech, sight and hearing are generally all perfect, which is an exceptional fact in idiocy and imbecility; the moral nature is usually perverted to the last degree in the insane child: while the idiot, imbecile and *enfant arriere* are usually trustful, kind and loving, the insane child is suspicious, secretive, and violent in its likes and dislikes.

4th. We should not omit from our investigation a careful inquiry into the antecedents of the child: family history may throw much light upon the doubtful features, aiding not only in our diagnosis, but in the prognosis and treatment.

Dr. Boismont* says, that in a list of forty-two young people, in whom mental disease had commenced between fourteen and sixteen years of age, in eighteen instances it was inherited from the parents. In all the cases I have reported in this paper, there were emphatically marked hereditary tendencies to neurotic disease.

5th. The prognosis, according to Dr. Paulmier, is hopeful, the cases tending to recovery. Dr. Delasiauve refers to the great susceptibility of the patient to relapse, or a

*Winslow on the Brain and Mind, p. 143.

return of the disease in subsequent years. Dr. Winslow adds, that, "though in a certain number of cases recovery takes place, the mental alienation of children and young people is a most serious disease, partly from their antecedents and partly on account of the imperfect development of the cerebral and other organs."* The opinion advanced by the latter gentleman was based upon the experience of private practice, and of observations made on insane children under ordinary hospital treatment, and needs to be retraversed by examining the results secured in institutions for the feeble-minded: the amusements, schools and shops of which establishments are so favorable for the treatment of such subjects, and where in these days they should be found, and never in hospitals with adults, and rarely within the domestic circle of their own homes.

I can not conclude this paper—already encroaching on your twenty minutes' rule—without a passing notice of the identity of the insane diathesis with the conditions found among idiotic and imbecile children. Those who have closely followed the line of this paper will appreciate that this is germane to the subject.

The identity of the neurotic phenomena, found in an asylum of feeble-minded, idiotic and insane children, with those characteristic of the adult patients of an insane hospital, is unmistakable, if we study the correspondence of the bodily derangements, in the two classes. Taking, for this parallel observation, a recent translation citing the characteristic bodily derangements of the insane, we find—

1st. The bodily weight of inmates of hospitals for the insane and of inmates of institutions for the imbecile is less than that of sane persons, of similar age, constitution and build.

2d. The teeth of both classes are irregular, carious and defective; and, I will add, the maxillary arches are frequently narrow, and the teeth generally crowded.

3d. The irregular insertion of the cartilage of the ear, and the imperfect shape of the helix, noticed so frequently among the insane, are of still greater frequency in institutions for the idiotic and imbecile.

4th. The same irregularities of sight are noticed in both classes.

*Winslow's Psychological Journal, No. xiii., new series.

5th. Low cutaneous temperature, warts, eczema, etc., are very common in one and both, while the amenorrhœas and anaemias of the female insane are strictly represented in sterility and torpidity of the majority of the female idiotic.

6th. The asymmetry of the head is a daily observation in the asylum for idiocy; scarcely less is it in the wards of the insane hospital.

7th. Motor disturbances are universal in both classes.

8th. So also are eccentric phenomena of sensation.

9th. The affective faculties are morbid among the inmates of the asylum for the insane; in the institutions for imbeciles, they are exhibited in the most explosive and erratic phases.

10th. Of the insane it is said, that three-fourths are hereditarily predisposed to their sad condition. This is certainly no overstatement in the wards of the institution for imbeciles.

Now it requires but to throw this objective on the *juvenile criminal classes*, to show that at all points there is a wonderful correspondence. That there is a "criminal diathesis," interwoven with tendencies to insanity and conditions of imbecility, is a fact that is not unrecognized by those who are brought into close contact with the degraded and the defective classes. In the refuges and reformatories of Scotland it was found that one-third of the juvenile criminals were held by the teachers to be "imbeciles, self-willed and hard to teach."

Of 6,000 prisoners examined by a competent authority, twelve per cent. exhibited decided mental weakness, independently of those who became actually insane; and, as a result of these inquiries of Mr. Thompson, a movement has been inaugurated toward life confinement of the incorrigible, morally insane, and imbecile criminal class, *that their propagation shall cease*, and crime be thus measurably diminished, by the partial extinction of criminals. A like inquiry among the degraded public women of our streets would doubtless develop the fact of their moral and mental incapacity, which should be a righteous claim upon our charity, and a reason for protecting them and their victims by the absolute restraint of the former in curative or custodial homes.

This line of inquiry can not be followed out; a fitting conclusion is here reached, with this assertion, that there

seems to be a correlation of causation, symptomatology, and results under treatment, of the insane and imbecile child in our asylums for the feeble-minded, of the incorrigible child in the reformatories, of the insane adult in the hospital, and of the inveterate criminal in the penitentiary. All these, with rare exceptions, are the victims of similarly violated physiological laws—personal, ancestral and society sins—all are children of woe, and the suppliants of your merciful intervention.

Some Important Topical Remedies and their Use in the Treatment of Skin Diseases.

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Read before the Pennsylvania State Medical Society.

I PROPOSE to discuss in this paper some of the numerous agents which should be taken into consideration in the external treatment of skin diseases. In the first place, my purpose is to point out the proper use of soap and to assist in preventing its indiscriminate use as practiced at the present day. Secondly, I shall endeavor to add some practical facts, and some new preparations to those that are known as the *oleates*; and, lastly, I shall refer to the great importance of mechanical remedies in the external treatment of skin diseases.

The first topical agent I shall refer to is soap. It will be necessary here to make reference to the natural condition of the skin in order to understand properly the action of this remedy. The skin is provided with oily substances in which the impurities that are cast off by the system and the dirt from the air become adherent. In order to remove these impurities, the water that is used for cleansing the skin must be assisted by some chemical substance that will have the power of exerting an influence over these oily matters. The chemical substance used for this purpose is soap. Soap is readily dissolved in water, and, when applied to the body in the normal condition, cleanses and purifies the skin, and so serves to preserve the health of the individual.

The use of soap is not only a valuable aid for preserving the skin in health, but is also of importance in assisting in the treatment of diseases of this organ. In the use of this

agent for its remedial action of the skin, either one of two kinds—the soda or the hard, or the potash or the soft soap—can be selected. The hard or soda soap can be medicated with either bran, oatmeal, borax, carbolic acid, sulphur, chamomile flowers, almonds, or other medicinal substances, or a combination of those already named; soap that is prepared in this manner is known as medicated soap. It is of great service in removing impurities and dirt from the skin, and in medicating the surface at the same time according to the medicinal substance held in suspension. For instance, it will be found that tar soap, by its astringent and stimulating action, is very valuable in certain stages of psoriasis; sulphur soap is of benefit by its stimulating effect in indurated acne, and carbolic soap is of great service for its cleansing, deodorizing and astringent action in excessive secretion and pustular affections. I have observed that a combination of different medicinal substances in the form of hard soap can be used with great benefit in some of the cutaneous eruptions. One especial combination that I have used with remarkably good result is composed of one and a half ounces each of olive oil and oil of theobroma, two drachms of powdered German chamomile flowers, one drachm of precipitated sulphur, and a sufficient quantity of caustic soda solution to saponify. This soap has a mild stimulating action upon the skin. I have frequently used it for this purpose in place of soft soap with great success in stimulating old eczematous patches and in removing crusts and scales in seborrhœa and pityriasis. This form of soap has been prepared at my suggestion by Mr. L. Wolff, Chemist and Pharmaceutist, of Philadelphia, and I name it according to its ingredients (*sapo matricariæ sulphurisque*).

The second variety of soap may be prepared from either an animal fat or a vegetable oil, with an excess of caustic potash, and is commonly known as soft soap or *sapo viridis*. It is a soft brownish or greenish-brown gelatinous substance, with a strong caustic odor. These characteristics will vary very much according to the manner in which it is manufactured.

It can be applied to the skin either alone or in combination with water, alcohol, oils, or other medicinal substances. Its effect upon cutaneous substances will depend very much as to whether it is applied alone, or diluted with some other preparation. When applied to the skin

in full strength it is a moderately good caustic. It is endowed with far greater power of diffusion into the tissues by the potash that it contains than the soda soap, and should therefore be used with great care upon delicate surfaces. I have found that the indiscriminate use of this soft soap, with its penetrating and destructive action on the tissues, has brought on an immense amount of mischief by awaking violent and obstinate inflammation of the skin. It has, however, been used with great benefit, alone and in combination, in treating parasitic affections, more especially scabies, but it should be employed with great caution in all cases.

The Oleates.—The second medicinal remedy that I shall consider in this paper was recently introduced into practice by Mr. John Marshall, of England. These remedies are exceedingly valuable, and possess, in certain diseases, many advantages over ointments. In the first place, oleic acid possesses solvent powers that are more active than most bases of ointments, and consequently the chemical combination so formed will be more potent when applied to the skin. Further, they will not decompose like ointments, and, on this account, will be more effective and not act as irritants to the skin. When the oleates are prepared either as a five or ten per cent. solution, they are all, with the exception of the oleate of zinz, in the liquid state, and will therefore have a greater absorbent power. They will also penetrate deeper and more rapidly into the tissues than ointments. And, lastly, as they are of a liquid condition, with one exception, they are better suited for applications over the scalp, the beard, axillary and pubic region, or any hairy part of the body, in preference to ointments, which frequently mat together the hairs.

Mr. Marshall, in his valuable paper on this subject, refers to the powerful action of the oleates of morphia and atropia in allaying pain and nervous irritation, and also to the advantage of employing the oleate of mercury in sycosis, chloasma, pediculi, syphilitic affections and other morbid conditions. Since the publication of these practical observations I have frequently had occasion to apply the oleates as external remedies in the treatment of skin affections, with the most happy results. In addition to their value in the diseases named by Mr. Marshall, I have also found that the oleates of atropia and mercury are equally efficacious in other cutaneous affections. I may

first mention that the oleate of atropia (one grain of atropia to the ounce of oleic acid) exerts a marked influence in arresting the abundant secretion of seborrhœa, and in subduing high inflammatory action in some cases of erysipelas. Secondly, I have observed that a ten per cent. solution of the oleate of mercury, with the addition of a small quantity of olive oil, and scented with some essential oil, is an invaluable application for general thinning and loss of hair. When brushed lightly over the scalp in the above condition it produces both a tonic and alternative effect upon the part. I have also employed, as an application, with great success a two ounce solution of the oleate of mercury, of ten per cent. strength, mixed with an equal quantity of olive oil in psoriasis and pityriasis, after all the redness and scales have disappeared. The use of this preparation, in these affections, protects and soothes the hyperæmic skin, and prevents a return of the diseased condition.

Mr. L. Wolff has also lately made for me, after many tedious experiments, two additional and valuable preparations of the oleates; namely, the oleates of lead and bismuth. And I believe I have been the first to use these remedies as topical applications in cutaneous affections. The former of these agents, the oleate of lead, is manufactured by adding liquor potassæ to a diluted preparation of liquor plumbi subacetatis, and the precipitate collected on a filter and dried. The dry suboxide of lead should then be dissolved in oleic acid by means of the water-bath. The strength of the solution should be five per cent. of lead to the oleic acid, and as free as possible of stearic and margaric acid, in order to have it in the liquid form. Should either the per cent. of lead be increased, or the solution contaminated by stearic or margaric acid, the oleate will be semi-solid, and will not have the same efficient action. The oleate of lead is an opaque oily liquid, if prepared with care in the manner that I have indicated. It is a mild astringent, more readily absorbed than either Gouillard's cerate or (Hebra's) litharge ointment; while it possesses the advantage of neither decomposing nor turning rancid. I have obtained remarkably good results from its use in eczema, in rosacea, after depletion of the parts, in burns and in erythema. It arrests morbid discharges, protects the surface, and allays irritation by its astringent and sedative action.

The oleate of bismuth, an oily-brown liquid, the second one of these new preparations of oleates, is not so difficult to manufacture as the last named, and I will therefore omit the manner of preparing it. It, however, possesses valuable medicinal effect when applied in pustular eruptions, especially in syrosis and herpetic affections. It is, also, a most useful remedy in soothing and relieving cutaneous irritation when mixed with an equal quantity of olive oil and applied in acute specific eruptions, especially in scarlet fever.

The last, and by far the most important agents that I shall discuss, are the mechanical remedies, whose value, however, has not been sufficiently estimated, notwithstanding the strenuous efforts that have been made by a few physicians to bring them into more general notice. In regard to the use of these remedies I shall confine my remarks to two or three of them as deserving of particular attention. I shall first allude to friction, secondly to compression, and thirdly to bloodletting.

Friction is a valuable antiphlogistic agent, and is capable of doing much good when judiciously employed. It may be applied with either the dry hand, brushes, a rough towel, or with liniments. Its great value consists in stimulating the part so that any impediment in peripheral circulation may be aroused, and thus promote the removal of all effused material. That it is capable of doing an immense amount of good is certainly apparent when the scalp is rubbed and brushed in thinning and loss of hair. This active friction in a diseased state arouses the sluggish circulation, and adds tone and vigor to the scalp and hair; similar effects are observed when friction is made over the skin in which the pigment is in excess, or deficient in quantity. The stimulation, so excited, helps the skin to recover its healthy state. Another beneficial effect of this agent can be witnessed in indurated acne and in glandular swellings of the skin. The friction so employed arouses the circulation, and so relieves the glandular congestion. Friction has, likewise, been used with great advantage in dry seborrhœa, in chronic lichen and eczema, and in certain neuroses of the skin. In using friction in cutaneous diseases, a certain amount of judgment is requisite in its application. It should not be employed either too frequently or too violently, as it may occasion much mischief by aggravating the morbid action.

Thus, it will be seen that violent brushing of the scalp often sets up an attack of eczema, and roughly rubbing the face in acne may excite erythema of the part. From these facts it should be borne in mind that friction should be carefully employed, according to the exigencies of each particular case.

A practical knowledge of *compression*, the second mechanical remedy that I have enumerated, is of great service, and should receive more attention from the active practitioner in the treatment of cutaneous diseases.

The means usually made use of for compression are the common muslin and gum bandages and plasters. Compression, when employed in this manner, soothes muscular irritation, tones up the dilated capillaries, and prevents the escape of serosity into the tissues. It will be found that these effects are not by any means the only benefits that are realized from compression. It will also be seen that it will enable the vessels to remove poured-out fluids, protect denuded surfaces, and exclude the air, which is very stimulating to inflamed and irritable parts, and so moderate deceased action. The treatment of cases of chronic eczema of the leg, in which the surface is livid and covered with ulcers, by a muslin bandage will afford a satisfactory example of the efficacy of this method. In a short space of time, after using the above means, the excessive irritation and congestion disappear, and the ulcers promptly take on a healthy condition. On the other hand, experience has verified the fact that the gum bandage is more elastic, and is always to be preferred, when it can be procured, on account of the equable pressure that it makes over the whole limb. The bandage will also have a similar effect on other chronic and inflammatory conditions of the skin, by the systematic pressure that it produces.

Compression can likewise be made with plasters, and they can be either simple or medicated. The common adhesive plaster, however, usually answers all purposes, although opium, belladonna, mercury, soap, pitch, or other medicinal substances can be used when necessary. The beneficial influence of plaster cut in strips and applied to the surface is most strikingly evinced in eczema of the lips. The mucous surface in this disease is torn open with every movement of the lips, and all the lotions, ointments and powders will not soothe the muscular irritation and

heal the parts until they are protected and placed at rest. In order to accomplish this purpose, adhesive strips can be made to encircle and allowed to meet posteriorly at the nape of the neck. In this manner the movement of the lips is controlled, the raw surface protected, the irritation soothed, and the disease promptly and effectually arrested. In removing the adhesive strips, in cases of this description, care should always be taken to detach both ends and draw gradually to the center; otherwise, the mucous surface may again be torn open.

Compression made in a like manner is admirably adapted to the treatment of that variety of dry and cracked eczema that attacks the hands and feet. If the adhesive strips in this condition are wound around the hands or feet, the muscular action on the inflamed surface will be arrested, the parts protected, and, with the addition of appropriate internal treatment, the most obstinate cases will rapidly recover. The same end may be obtained in fissures of the hands, by having India-rubber gloves made which will fit nicely, and so make equable compression. The employment of this agent, twelve hours during the day, not only makes suitable compression, but protects the hands from the many irritating substances with which they daily come in contact. A certain amount of care should be exercised in using compression, in order to prevent making too much pressure on the part, and thus arresting the circulation. It should always be applied so as to support, protect and place the tissues at rest.

I shall next proceed to the consideration of local blood-letting as a mechanical remedy in the treatment of skin diseases. It is one of the most powerful antiphlogistic agents that we possess. It is, also, one of the most speedy and most efficient means of combating morbid conditions, after all our other medicinal agents have been exhausted in vain attempts to cure certain eruptive diseases.

Blood may be extracted locally, by leeches, cups, scarification, or punctures. The manner of applying leeches and cups is so well known to all that it is unnecessary to enter into a description of either method. I think, however, for topical bleeding in skin diseases, that scarification and punctures are all the forms that are necessary to be used. In scarifying or puncturing a part, the blood that has engorged the vessels and the effused serum in the tissues are allowed to escape. In addition, it relieves the

tension and congestion of the part, and awakens the action of the absorbent vessels. Scarification can be performed with either a lancet or the bistoury, and is particularly applicable to chronic ulcers and ulcerating lupus.

In the great majority of cases, however, that require depletion in cutaneous diseases, I usually puncture the surface with a small needle-knife. I have employed this method of treatment with success in inflammation of the hair follicles of the beard, in acne, in enlargement of the blood vessels of the face, in chronic eczema, in excess of pigment of the skin, and in neuroses. Thus, in inflammation of the hair follicles of the beard, depletion in this way relieves the engorged glands, and drains off altered and vitiated blood. A similar effect is produced in acne, by allowing the stagnated blood and the broken-down sebum to freely ooze from the small incisions. Again, the abstraction of blood, by puncturing the surface, in enlargement of the blood vessels of the face and in chronic eczema, especially where there is a large quantity of hypertrophied tissue, is an invaluable remedy. In these diseases it relieves the congestion and stagnation of blood in the vessels, equalizes the circulation, and so stimulates the action of the absorbent vessels that all deposits may be carried off. Puncturing is equally efficacious in arousing the torpid tissues to activity in excess of pigment of the skin, and in allaying the pruritic troubles of old age. I have relieved, and, with appropriate internal treatment, have cured some of the worst cases of pruritic difficulty in old persons by the above method of puncturing over all the diseased surface. This application blunts the irritation of the cutaneous nerves, and relieves the capillary congestion set up by the morbid condition of the part. After puncturing the surface, it should be allowed to bleed freely by the application of warm or hot water, either one or the other of which I use in all cases of local abstraction of blood. The relief afforded by this method of treating many cutaneous affections will be best manifested by patients wishing a repetition of the operation, as has been my experience again and again in both dispensary and private practice.

SELECTIONS.

Baltimore Academy of Medicine.

Regular meeting held October 21st, 1879 (Discussion on Dr. Chew's case of Puerperal Eclampsia).

Dr. H. P. C. Wilson spoke of the extreme opposition to blood-letting, prevalent of late years. He favors its use in puerperal eclampsia at the beginning. He thinks the cupping, and also the loss of blood during the labor, both had a beneficial effect by relieving cerebral congestion. Four years ago, he met with a lady who was so modest that she refused to see him until labor set in. He was summoned at 8 A. M., and at 12 the os was as large as a quarter, and very rigid. She now suddenly exclaimed, "Oh, my head!" Chloroform was at once administered, and, in a half-hour afterward, the child was delivered naturally without a convulsion. One hour after delivery he left her in a good condition. Shortly after he left, she was seized with a convulsion, which was rapidly repeated. Not knowing of the occurrence, he did not see her for some hours, when he found several physicians present. Chloroform by inhalation was administered with only temporary effect, the convulsions recurring even while under its influence. Ten minims of Majendie's solution were now administered hypodermically, and repeated from time to time, without any recurrence of the convulsions after the first injection. A semi-comatose condition remained for several days, and her vision has been affected ever since. There is no single remedy, in Dr. Wilson's opinion, as effectual in puerperal eclampsia as hypodermics of morphia, but general blood-letting, chloroform and morphia, are the sides of a triangle, on which must rest all that is good in the treatment of this disease; each side lends strength to the others. Of course, the prime necessity of emptying the pregnant uterus, at the earliest practicable moment, is never to be forgotten.

Dr. Williams had had a uniformly favorable experience in this disease up to three years ago, having never lost a patient; he then lost three in rapid succession. One of these was ascribed to reflex action, from an immense quantity of pickled beets, which the patient had eaten. The labor was over, and the patient awoke from a nap, com-

plaining of sick stomach, which was supposed to be due to chloroform administered during the labor. She again fell asleep, and awoke with headache and nausea. Soon after, she threw up her left hand suddenly, and went into a convulsion, which was followed by fifteen to twenty others, terminating fatally, in spite of chloroform and morphia hypodermics, in twenty-four hours. This patient was not bled, because she was anaemic, but an unsuccessful attempt was made to unload the bowels by croton oil, in gtt.ij, doses every two hours, until twelve drops were administered. There was an entire absence of any evidence of renal trouble. The other fatal cases were bled. He indorsed fully Dr. Chew's views with regard to venesection, and, in the case reported, he thought the local bleeding had been beneficial, not only by its derivative action, but by the actual loss of blood, which was not inconsiderable ($\frac{5}{x}$ —xij,—in addition to that lost during the labor). The morphia treatment in these cases had been severely criticised, but it is rational by prolonging the good effects of the chloroform.

Dr. Chisolm said the best effects of local bleeding were through its revulsive action. In affections of the eyeball, we leech and cup the temples, the vessels of which are derived from an entirely different source from those supplying the eyeball itself.

Dr. Arnold said this discussion shows that blood-letting has again come into favor, a practice which he had always advocated in eclampsia due to uræmic poisoning. On the other hand, it appears from the remarks of Dr. Chew that morphia is now commended in the same affection, although this drug has been considered particularly contraindicated in cases where the eliminating functions of the kidneys are interfered with.

It is easily understood why morphia occasionally checks epileptiform convulsions, which are of a reflex character, and experience teaches that a certain proportion of puerperal eclampsias are of this nature. But the existence of albuminuria indicates a different pathology, and requires, therefore, a corresponding treatment. At least, such drugs should be avoided as diminish the renal excretion. He did not hesitate to say that Dr. Chew's employment of cups and chloroform inhalations was more than sufficient to overcome the deleterious effects of comparatively small doses of morphia.

Dr. Williams said that anything that would quiet the nervous system and temporarily allay its excitement was rational. Morphia, chloroform and blood-letting, all act practically in the same way. Put the nervous system in a condition to bear the strain brought upon it by the labor, and then your patient may get well. Nearly all recent writers recommend morphia. It seems rational to suppose that it would render the nervous system less sensitive to the irritation of the urea, or other causes producing the convulsions. Even if we admit the charge, made by Dr. Arnold, that morphia diminishes the quantity of urine, there is no valid objection to its use. The immense advantage gained by its sedative action upon the nerve centers, more than compensates for any temporary diminution of the urinary secretion. Theory and practice concur in the propriety of using morphia, combined with chloroform, and with blood-letting, general and local.

Dr. Wilson thought the use of morphia just as philosophical as blood-letting and chloroform. Whatever controlled the circulation, diminished the danger of irreparable damage to the brain, till time could be gained to remove the cause on which the convulsions depend. Just as blood-letting and chloroform diminish vascular tension and cardiac force, so morphia, by calming innervation and lessening the stimulus, will even more powerfully accomplish the same.

Dr. Cordell said that he had had, last summer, whilst at the Jordan Alum Springs, a case of puerperal eclampsia, which, in view of the discussion this evening, might be of interest. The patient was a lady's maid, black, unmarried, and aged 39 years. Previous to the attack, she had suffered from severe earache and slight dyspepsia, but her uterine functions were said to be normal. The attack began at 9:30 A. M., August 10th, with a sudden and violent epileptiform convulsion, during which she foamed at the mouth and bit her tongue. This was succeeded by some stupor. Other convulsions followed, so that by 3 P. M. she had had six, and was now in a profound coma, from which she could not be aroused. So far, she had taken about seventy grains of bromide of potassium, and chloroform had been administered during the attacks. Her lower extremities were enormously swollen with dropsy; her face and upper extremities were free from swelling at this

time, although they, too, became œdematos subsequent-
ly. Her breath was excessively ammoniacal, and so foul
that the disgusting odor pervaded the whole room. Her
abdomen was enlarged, and, on auscultation, revealed the
fœtal heart; the indications, afterward confirmed, showed
that she was somewhere near eight months gone. At 3
P. M., she vomited about four ounces of offensive greenish
liquid. At the same time, Dr. Cordell drew from her
bladder about one-half ounce of strong, dark urine, which,
on being tested by heat and nitric acid, completely solidified
in the test tube. Some of the urine was submitted
to microscopic examination by his colleague, Prof. J.
Staige Davis, of the Rockbridge Alum Springs (of whose
assistance he availed himself), but with a negative result.
At 3 P. M., as she was entirely unconscious, he injected,
per rectum, 40 grains of hydrate chloral, and repeated
this dose every three hours, the chloroform being contin-
ued as before in the seizures, and on any sign of their
approach. By thus watching closely, and beginning the
inhalation in time, he believed he had warded off many
convulsions; when the latter were once established, and
their onset was often so sudden as to preclude prophylac-
tic measures, inhalation was rendered impossible by the
tonic contraction of the diaphragm, which lasted during
the whole spasmodic seizure. The beneficial effect of the
chloral injections is seen by the following record:

Aug. 10th, 3 P. M., injection.	Aug. 10th, 5:15 P. M., mild convulsion.
Aug. 10th, 6 " "	Aug. 10th, 5:55 P. M., mild convulsion.
(which was rejected, and on immediate repetition again rejected).	Aug. 10th, 7:45 P. M., severe convulsion.
Aug. 10th, 9 P. M., injection.	Aug. 10th, 8:00 P. M., severe convulsion.
Aug. 10th, 12 midnight, injection.	Aug. 10th, 8:45 P. M., severe convulsion.
Aug. 11th, 3 A. M., injection. " " 9 "	Aug. 10th, 8:50 P. M., severe convulsion.
	Aug. 10th, 11:50 P. M., convulsion.
	Aug. 10th, 12 midnight, convulsion.
	Aug. 11th, 1:00 A. M., convulsion.

Aug. 11th, 8:10 A. M., convulsion.

Aug. 11th, 5:00 P. M., convulsion.

On second day (August 11), at 1 P. M., two drops of croton oil were given; at same time, $\frac{5}{3}$ ij of strong, dark urine, the entire accumulation of the previous twenty-two hours, were drawn with the catheter. At 5 P. M., just after the last spasm, a blister was applied to the nape of the neck. At 9 P. M., two drops of croton oil were again given, and at midnight there was a copious liquid operation, followed during the night by four others.

On the third day, found her partly conscious; she had been up, and her pulse was 34 beats less than at 11 P. M. the night before. She was totally blind. She passed one-half gallon of urine, at one time, in the afternoon. In the afternoon, gave her $\frac{3}{2}$ ij of jaborandi leaves in infusion, but, whilst it caused copious salivation, it did not produce any marked diaphoresis. At 11 P. M., had her wrapped in wet sheet, wrung out of hot water, which caused some sweating.

On the fourth day, oedema of face, fore arms and hands noted. Bitartrate potash $\frac{5}{3}$ ss every 6 hours ordered.

Her condition continued to improve, day by day, until the seventh day, when, although her nurse reported that she had *nine copious watery passages* during the previous 36 hours, and had passed her urine very freely, she complained all day of frontal headache and pain in the left side of her face and ear, and at 7 P. M. had a convulsion, repeated at 7:30 and 8 P. M., when labor pains began. At 9:15 P. M., gave her, per orem, hydrate chloral gr. xx, and bromide potash gr. xxx, repeating this dose at intervals of four hours. She had but one more convulsion, viz.:

On eighth day, at 1 A. M. At 9:15 A. M., the waters were discharged, and the child (a female) was born dead at 9:30 A. M., the vertex presenting first in the ordinary position. The placenta came away in ten minutes. The woman remained in a deep stupor all day.

On the ninth day, during the day she passed three quarts of urine, containing 1.5 albumen.

On the fourteenth day, whilst sitting on the chamber, she had a slight convulsion. Had given her a dose of epsom salts the morning before, which had produced three actions; her urine, too, had been "very free." Urine

showed 1.5 albumen. There was still some œdema of the feet and legs, and indistinctness of vision. Two or three doses of the bromide and chloral mixture were given.

On the twenty-first day, when attendance upon the patient ceased, the dropsy had entirely disappeared, and there had been no trace of albumen on repeated examination. She had now resumed her duties, but vision was still very defective. The patient was under observation about two weeks longer, without any unfavorable symptom.

Dr. McSherry spoke of the so-called typho-malarial fever, of which he had seen many cases recently. It is not distinctly typhoid, nor typhus, nor malarial, although there is, no doubt, a malarial element in it. He should be disposed to term it "typh-fever," after Chambers. Quinine will not break it up. A remarkable feature about it is the disproportion in the pulse and temperature (which was alluded to in a previous discussion of the subject—see *Maryland Medical Journal*, for February, 1879); for instance: In one case the temperature was 103° F., whilst the pulse was 80, and this proportion continued for about three weeks. Once the pulse went up to 108, but the temperature was then 107° F.; with such a temperature as this we would have a right to expect a pulse of about 160. This patient recovered. He had heard of one case in which the temperature rose to 109° F., with a fatal result. In a case, occurring in a medical student, aged 24, when first seen the temperature was 102°, the pulse 92; the next morning, they were respectively 105° and 86. The highest point reached by the pulse at any time was 96, the temperature being at the same time 104 2.5° F. He read from a letter just received from Prof. Bartholow, of Philadelphia, in reply to one of inquiry upon the subject. Dr. Bartholow said that he had seen many such cases in Cincinnati, and that it was there called typho-malarial fever. He had obtained the best results from the following:

R. Tinct. Iodini,

Acid, Carbolici, partes equales.

S. gtt. j—ij quarta vel sexta quaque hora.

Quinine, he says, does nothing more than reduce the pyrexia. When diarrhoea occurred, he used liq. potassæ arsenitis (Fowler's) gtt. j and tinct. opii Deodoratæ gtt. ij —v, every four hours.

Dr. McSherry thought that quinine was wantonly wasted, under German authority; we have many agents which act better as antipyretics, that is, for the immediate reduction of the pyrexia. In answer to the inquiry of a member, as to what these were, he mentioned nitrous powder and aconite as two among them. Quinine is too valuable a remedy in every sense, to be consumed by inappropriate use or misuse.

Dr. Morris read a paper upon the therapeutic uses of ergot, which concluded with the following summary:

1. Ergot is prescribed very wildly, and frequently injudiciously.

2. Its powers as a general agent are not positively understood, and further clinical investigation and observation are necessary to give it its true place in therapeutics.

3. It exercises an unmistakable influence on the impregnated uterus during labor.

4. It has no influence over the non-gravid uterus, save when its muscular fibers are distended by foreign growths.

5. It has no power in a healthy subject to initiate labor or produce abortion.

6. Its administration in labor frequently endangers the life of the child, and the forceps are to be preferred as a means of delivery.

7. That whilst it exercises an undoubted power in controlling uterine hemorrhage, the exact character of the cases in which this power is evidenced remains yet to be described.

MEETING HELD NOVEMBER 4TH, 1879.

Dr. H. P. C. Wilson reported a case of ovariotomy, and exhibited a composite, multilocular tumor removed in the operation, which was performed November 3d. The patient was 40 years old, the mother of nine children. She had had no miscarriage. Dr. Wilson found a large tumor of the right ovary, and principally upon the vaginal examination diagnosed pregnancy, advanced to within ten days of four months. This diagnosis was based chiefly upon the granular eroded appearance of the os uteri, and upon the blue mulberry appearance of the vaginal mucous membrane. The patient, on the other hand, was certain she was not pregnant, because she had always

suffered from deathly sickness in all her previous pregnancies, and had had no sickness recently; there had been no foetal movements perceptible to her; no foetal heart could be detected, on repeated examination, nor had her family physician any idea of her condition. Coming from a malarious region, and being subject to intermittent fever, she was put upon quinine in full doses. Before taking this, Dr. Wilson was summoned to see her one night, and found her suffering intense pain, but nothing like labor pains, and with the symptoms of general peritonitis. Relief was imperatively demanded. Two plans presented themselves for consideration—the 1st, to tap her and let her go home; 2d, to remove the tumor by an operation. There were several objections to the first measure; the composite nature of the tumor contraindicated it; it would be required several times during her pregnancy; its performance entailed risk to both mother and child, and he had lost one patient after aspiration from general peritonitis. These considerations induced him to prefer ovariotomy. The night before the operation, gr. v of quinine were administered, with a view to removing any malarial poison still remaining in the system, and, also, to counteract any tendency to nervous shock, and 10 grains were given in the morning, five hours before the operation; compound licorice powder was also administered the night before to move her bowels. The incision being made through the abdominal wall in the usual manner, he was able, by placing the finger of one hand on the fundus and a finger of the other hand on the cervix, to verify the existence of pregnancy. She was now turned on her side, and the cyst tapped; the fluid removed from it was of a dark claret color, due to the admixture of blood. Adhesions were found between the tumor and the intestines, also with the omentum, and in breaking up the latter there was a good deal of hemorrhage. The pedicle was but one-half inch long, which rendered the use of the clamp, of course, impracticable; it was, therefore, transfixated by a needle armed with a double carbolized silk ligature, and, being securely ligated and touched with sol. subsulph. of iron, was returned into the abdomen. The operation was performed at 1 P. M., on the 3d, and the patient has done well so far, her pulse never having risen above 84 (except temporarily on the re-action following her recovery from the chloroform), nor

her temperature above 99° F. She has had no nausea yet. She has only been permitted to have crushed ice and lime water and milk (2 teaspoonfuls of the former to 1 teaspoonful of the latter) every two hours. Hypodermic injections of Majendie's solution, in the dose of $m\ x$ to xx have been repeated at intervals of seven and a half hours.

In answer to a question, Dr. W. said that he had no fear of quinine in this case, having never seen it produce abortion, and being accustomed to use it liberally in pregnancy. He suspected the adhesions occurred at the time he found the patient suffering from symptoms of general peritonitis.

Dr. McSherry reported a case of facial neuralgia in a sailor at the University Hospital, which was relieved by croton-chloral in five grain doses. The attack seemed due to malaria, from which the patient had previously suffered, but quinine had no effect upon it, nor was it all benefited by any other of the numerous remedies employed, nor by the croton-chloral in smaller doses.

Dr. McKew also reported a similar case, in which the same remedy, in five grain doses, twice daily, gave immediate relief; the patient had taken everything else which he and other physicians could suggest, without benefit.

Dr. Chisolm had used croton-chloral extensively in pains seated in the eye, and with excellent results. He employs gr. v to x doses, three times a day. The remedy is objectionable on account of its horrible taste and difficulty of solution. The best vehicle is glycerine.

Dr. Morris had tried croton-chloral in trifacial neuralgia without effect.

Dr. Chisolm spoke of a new method of liberating the lens from the capsule in cataract extraction, as introduced by Dr. Knapp. According to the methods heretofore used, the capsule was extensively opened from the front by making a large triangular laceration, through which the lens could easily be pushed. After its removal from the eye, the posterior capsular wall kept the vitreous in place and gave a subsequent clear pupil. The only objection to this method is that the rubbing of the lens, in its escape, against the posterior surface of the irritable iris, and the irritation caused by the presence of any lenticular debris that may be accidentally left in the eye would frequently induce iritis with pupillary closure.

This inflammation would sometimes lead to destruction. By the new method, the capsule is opened at its upper edge, and the lens slid out as if from the open mouth of a bag. The whole anterior capsular wall remains with its smooth surface protecting the iris from irritation, even if fragments of the lens are left behind. His experience, which now embraces about twenty cases for the past two months, confirms the statements of others, that iritic inflammation is much less likely to follow upon this modification. In some cases, in which he expected iritis, especially in one accompanying a severe case of diabetes mellitus, there was not the slightest trace of iritic inflammation. The operation, while it seems to protect from this great danger, is not altogether a perfect method. In several of his cases he found that a little blood had gotten into the sac after the eyes had been bandaged, and could still be seen as a blood-clot two weeks after the operation. Its presence may explain the clouding of the capsule, which necessitates so many secondary operations in the hands of its inventor. In the old method of tearing up the front of the capsule, such an accident with its sequelæ could not have happened.

Dr. Chisolm also reported the case of a child, aged seven years, who had been brought to him in May last suffering from headache and nausea, with loss of sight. The eyes were clear, pupils large and bright. The ophthalmoscope exhibited some wooliness of the right disc. In this eye there was no perception of light. In the left eye, with which he could see to get about, there were no intra-ocular changes. For want of more data, the case was called one of amaurosis from cerebral causes, and iod. pot. was prescribed. Recently, after six months interval, the case was brought back to him. Now the cause of the amaurosis was evident enough. Both eyes protruded markedly. The right was so prominent that when the expanded upper lid was raised, the optic nerve entrance seemed to be on a level with the root of the nose. In the slow protraction, the lids had developed so as to continue to cover the eyeballs. When lifted, the eyes exhibited a perfectly normal appearance, with not the slightest injection. The bright eyeball was fixed, and incapable of any lateral motion. The left eye had an external cast, and could be still moved toward the temple. The media of each were still clear, and white discs, indicative of atrophy, were revealed

by the ophthalmoscope. There was now no vestige of light in either eye. From the last visit, six months since, there had been no headache or nausea. For some months he had lost the power of smell. In thrusting the tip of the finger between the eyeball and rim of the socket, Dr. Chisolm felt a firm mass in all directions, showing that the right socket was filled by a growth, which had so slowly thrust the eyeball outwards as not to affect in any way the nutrition of the cornea. On the left side, the nasal portion of the socket was lined by a similar growth. None could yet be felt toward the temporal side of the left orbit. The cause of trouble could now be easily made out. A malignant growth had apparently started in the anterior sphenoid cells under the sella turcica, which, in its earliest stage, caused brain irritation and encroached upon the optic foramina, squeezing the optic nerves, to the destruction of sight. In its further development, the tumor had grown externally instead of encroaching further on the brain cavity; had gradually filled up the right orbit, then the nose, and was now rapidly doing the same for the left socket. It promised in the future a frightful case of deformity. The little boy is a peculiarly bright child, and indicates no mental obtuseness whatsoever, showing that the growth is strictly a face tumor.

Dr. Williams reported the case of a lady, forty-five years old, the mother of seven children, who, fourteen years ago, began to have attacks of petit-mal; these became more and more frequent until they occurred many times a day. In time, attacks of grand-mal also appeared, which likewise increased in frequency until, when the patient came under care last summer, they occurred once a week. They came on between 2 and 4 A. M., and were very violent. Her intellect, naturally brilliant, was beginning to deteriorate. She had been under the care of the best neurologists in England, who, among other remedies, had used electricity and bromide of potash, but nothing seemed to do her any good. She had been treated, in this country, with a like result. With but one exception, the convulsions had taken place at night and after sleep. Dr. Williams ordered the following:

R._y. Potass Bromide, 3j,
Tr. Gelsemii gtt., xx.

To be taken three times a day, and twice this quantity on

retiring to bed. As already stated, the convulsive attacks occurred invariably after profound sleep, coming on about 2 o'clock A. M. This fact, coupled with the further fact that the patient took no food after dinner until the next morning, induced Dr. Williams to suppose that prolonged abstinence from food increased the tendency to the convulsions. Acting upon this hypothesis, he prescribed *a hearty meal, to be taken at bedtime*, in addition to the increased dose of medicine taken at the same time. After using this combination a few days, the convulsions ceased, and she had no more for two months, when they recurred, on a neglect to take the medicine. On resuming the medicine they again ceased, and now four months have elapsed without their re-appearance, and there has been great improvement in her condition, both mental and physical. In view of the failure of the bromide, when used alone, the benefit seemed fairly attributable to the gelsemium. Dr. Williams was induced to use this remedy, in the case reported, on account of its power of controlling the cerebral circulation. He combined with it the bromide on account of attacks of intense spinal neuralgia, for the relief of which hypodermics of morphia had been required.

Dr. Williams stated that he wrote a paper upon the use of the yellow jessamine, some years ago, advocating its importance in cerebral congestion, and in nervous pains dependent thereon, especially supraorbital neuralgia. He was sorry to learn that his professional colleagues had not obtained such favorable results as he had, and could not account for such a disagreement except on the supposition that they had not used the agent in sufficient doses to obtain its full therapeutic value. He does not hesitate to say that fullness of the head or brain is controlled by the jessamine more promptly than by any other remedy.

Dr. McKew said the discrepancy of opinion as to the value of yellow jessamine was remarkable and unaccountable. No modern remedy is more fully endorsed than this by some authorities; on the other hand, others seem to have a terror of it. For the great majority of the profession, it is one of the most useless drugs on the apothecaries' shelves.

Dr. Chew had formed an unfavorable opinion of it, and been deterred from further use of it, by his experience in

the case of a lady suffering with trifacial neuralgia, especially severe about the frontal region. He gave her one dose of $m\ x$ of the tincture prepared by Andrews & Thompson, of this city. It produced ptosis, vertigo and syncope, and the patient said she was satisfied, if it were renewed, it would kill her. Being persuaded to take another similar dose, the same effect followed, and she declared that she would take no more. The pain was not at all lessened.

Dr. Williams first used it in his own case for supra-orbital neuralgia. He did not hesitate to take a drachm at a dose. For purposes of experiment, he had taken it in sufficient quantities to cause ptosis, dilatation of pupils and paresis of the legs. Ptosis indicates the limit of its safe use.

He related a case of tubercular meningitis, in a child under the care of Prof. Johnston, which was characterized by the most piercing cries, annoying all the inmates of the house. On his recommendation, fifteen drops of the tincture of jessamine were given every four hours; in twenty-four hours the cries ceased entirely. To test the influence of the remedy, it was discontinued; the cries returned, to be again checked by a renewal of the jessamine. Of course it had no effect upon the ultimate result. He had used it with like results in other similar cases.

Dr. Chisolm thought Dr. Williams' colleagues were, perhaps, afraid to use it in the doses which he recommends. A gentleman to whom he administered $m\ ij$ of the fluid extract, in 1866, was rendered uncomfortable by it for twenty-four hours.

Dr. Cordell found it to relieve, very promptly, a case of supra-orbital neuralgia, brought on by riding across a prairie in a strong wind. He gave fifteen drops every two hours.

Dr. Winslow said that an infusion of yellow jessamine has been long used as a domestic remedy in North Carolina for fever and various other disorders. It was popular in gonorrhœa. It is often difficult to get patients to take it, on account of the alarming symptoms it produces, as ptosis, giddiness, weakness of limbs, etc. A patient of his took, by mistake, $\frac{5}{j}$ j. of tincture, and it looked as though he were going to die. Strange to say, he shortly

after repeated his mistake with still more threatening results; nevertheless, he recovered.

Dr. Winslow regards it as useful in nervous palpitation of the heart.

Dr. Chew related the following case of poisoning by atropia: A young lady was taking a solution of quinine; at the same time her mother was being treated, by atropia drops, for an affection of the ear. Yesterday the young lady took, by mistake, after dinner, 5 j of the atropia solution, containing one-fourth grain of atropia. At once the face became flushed and the pupils extremely dilated. She was freely vomited by sulphate of zinc, and m x of Majendie's solution injected hypodermically. Two hours after the accident her pulse was 132, and she was extremely faint and feeble. There was no need to repeat the morphia. With stimulants she gradually recovered.

Dr. Chisolm referred to a case where a gentleman took, by mistake, atropia instead of iodide of potash. In three minutes his face was scarlet; and, in twenty minutes, notwithstanding the use of emetics, he was insensible, and remained so for twenty-four hours.

Dr. Chisolm thought mistakes could be avoided by adopting the habit of specialists, and using rose-water as the vehicle, the association of rose-water with collyria being generally understood. It was, probably, from this association that it had come to be regarded as of local use in eye troubles. He would also prescribe it to patients in very small quantity, say a grain in a two-drachm vial. In answer to a question, he stated that the solution he used in his office was of the strength of grs. iv to 3 i of rose-water. He sometimes used a solution twice as strong as this. He mentioned a case of a patient suffering with eye trouble, who came to him with a *pint* solution of nitrate of silver, ordered by his family physician, which he had been applying with the result of producing extensive blackening of the conjunctiva.

Dr. McSherry related the case of a student, who, from merely smelling a small vial of atropia, passed around for examination by the class, was so affected that he could not renew his studies for several days.

Dr. Chew mentioned the case of Dr. Beatty, of this city, who, after an accidental dose of atropia, suffered from impairment of co-ordination, with muttering delirium, and inability to stand.

Dr. McKew thought such accidents could be avoided by prescribing a very small quantity of the solution. A patient would hardly be likely to take a drachm at a time out of a small vial containing but one or two drachms.

Dr. Winslow thought the same result could be attained by having the skull and cross-bones on the bottle.

—*Md. Med. Journal.*

Clinical Lecture on Dementia, Idiocy, Imbecility.

DELIVERED AT THE NEW YORK CITY ASYLUM FOR THE INSANE,
WARD'S ISLAND, BY A. E. MACDONALD, M. D.,
MEDICAL SUPERINTENDENT.

GENTLEMEN:—The mental conditions which we are to study to-day differ essentially from those which have engaged our attention at our former meetings. Then we were confronted by minds which had lost none of their normal activity, which were, if anything, more than normally active, and which found their difference from ordinary sane minds in the abnormal manners and channels in which their activity was manifested. The common phrase by which an insane person's condition is expressed—that he has "lost his mind"—could not, with propriety, therefore, be applied to the victim of either mania or melancholia; for there is disturbance, not loss. But, as applied to the sufferer from dementia, and only when so applied, the term is a proper one. As regards imbecility and idiocy, they have this in common with dementia, that in each of the three conditions there is deficiency of mind; but, in their case, the deficiency is in original one, while in dementia it is acquired. Hence, it is customary to group them under the designation "amentia," so marking the essential point of distinction between them and dementia.

Dementia, then, to begin with, is that form of insanity in which we find not merely distortion or misdirection of mind, but actual deprivation of it. In the patients before you, you see a very different condition of affairs, both mentally and physically, from that which marked those who occupied their seats at either of your previous visits. You find a dull, stolid, heavy countenance, a fixed attitude, and an utter failure to respond to external influ-

ences, or to indicate in any way that the patient is conscious of his surroundings. Before—in the one instance, as part of the general excitement; in the other, from fear or suspicion as to their possible bearing upon them—the patients manifested a lively and anxious interest in our movements and our words. Now the eyes and the ears of our patients seem to take cognizance of neither the one nor the other.

Of dementia, as of the other forms of insanity which we have already considered, different divisions are made by different authors and teachers. Some speak of the disease as either acute or chronic, while others recognize primary and secondary dementia as constituting its two forms. The first classification I consider undesirable, for, whatever its origin or duration, there is at no time anything *acute* in the symptoms of the disease; and I prefer to adopt, and to recommend to you the adoption of the latter. By secondary dementia, we mean that form in which the disease comes on as a consequent or terminal condition in the course of an attack of insanity of one or other of the types which we have already considered, or after apoplexy or epilepsy, or some other nervous disease; or yet, again, in the general decay of the vital powers which attends advancing age. By primary dementia, we understand the form in which the insanity possesses the characteristics of dementia from the outset. Of the two, secondary dementia is relatively of very much more frequent occurrence, primary dementia being met with comparatively rarely.

We have already spoken of the approximation of the different forms of insanity, one toward the other, and of the mixed and doubtful cases which occupied the borderline between each; and, in the case of mania and melancholia, we found that by no means all the patients showed only the typical evidences of one or the other form, but that in many they were so mingled, or so alternated, that it was sometimes hard to say to just which side the patient belonged. Similarly, in dementia, there is an approach toward its next neighbor, melancholia; and primary dementia and melancholia, with stupor, have much in common in their symptoms. In a general way, we may usually differentiate upon the grounds that melancholia with stupor is found in older persons, and that

there are emaciation, refusal of food, want of sleep, suicidal tendencies, which are not met with in dementia.

CASE I.—Here is a young man whose disease takes the form of primary dementia, and whose attack commenced at about the average age of patients so attacked—in his twentieth year. The victims of primary dementia are all young, ranging from fifteen years upward, and they are generally of weak constitution—boys and girls that have outgrown their strength, as the saying is. In some instances the attack comes on very suddenly, and then it usually owns a moral cause. Sudden fright is the most common, and the patient is literally frightened out of his wits. From this form recovery is more likely to occur than from that of which we shall presently speak, and from which the patient before you suffers. Girls are, perhaps, more frequently than boys, the victims of the suddenly developed form; and, coincident with it, and lasting as long as it continues, there is then suppression of the menstrual function. There seems to be complete prostration and stagnation of the bodily and mental functions; the circulation is depressed, and the extremities cold and congested; there are constipation and retention of urine, and general relaxation of the muscles, so that the patient sits in a listless and stooping position. The mind seems closed to all external impressions, and there is, after recovery, if that takes place, no recollection whatever of what has happened during the continuance of the disease. This period is a perfect blank to the patient, who can not even judge as to its extent; whereas, after recovery from other forms of insanity, the patients have usually a tolerably clear remembrance of what was said and done in their presence, even at times when they appeared to pay the least attention, and to be the least capable of understanding. Refusal of food is common in the cases of which we are speaking; or, I should say, rather neglect of it. The patient will not feed himself, nor even convey the food to his mouth, if it is placed upon the table before him; but there is not active resistance to feeding, and, if food be placed in the mouth, it will be swallowed mechanically.

But, as we have said, primary dementia oftener approaches in a different way, and has different characteristics, as in the case of this boy. Here, the approach was gradual; there was a recognizable period of change, and

there are two points in the history which may always be pretty confidently looked for when the approach is thus gradual. These are hereditary predisposition and self-abuse. We have learned regarding him, that his father and two sisters have been of unsound mind, and that he was himself a masturbator. This is the common, in fact, the almost invariable, history in such cases. The children have been considered uncommonly bright and studious, and it is quite usual for the parents to boast of this fact, and tell how they would spend hours alone over their books; the suggestion that the solitude was perhaps sought for another purpose being always indignantly rejected. And this leads me to speak of masturbation as a factor in the production of insanity, and of the undue importance that has at times been assigned to it. There is a good deal of fashion in this matter of the assigned causes of insanity; sometimes one ostensible cause is taken into favor, sometimes another, and masturbation has had its turn with the rest. Not many years ago it was gravely asserted that a fabulous percentage—seventy-five or eighty, I think—of the inmates of asylums owed their insanity to the practice of self-abuse, and this statement went the rounds of the press, and was duly turned to their own account by the venders of certain quack medicines. Such exaggerated claims are not now generally made, but still the efficiency of this particular cause is, in my judgment, greatly overrated by some. Apart from the special form of insanity of which we are now speaking, I doubt if masturbation is to blame for many cases, although we do find patients with other forms practicing it. In these cases, however, it is far more likely that the insanity has preceded, and led to the habit, than the reverse. In the present instance, however, and in cases of this class, its potency can not be doubted, and the existence of the habit, the gradual approach of the disease, and the hereditary taint, combine to mark the case as incurable.

CASE II.—Here is a fair type of secondary dementia. He is a man of forty-six, and has been about ten years in the asylums. In his case, the primary disease took the form of chronic mania, and you see the stiff, wiry hair so often associated with that condition, still remaining. He is fat and well nourished, does not speak at all, has a foolish smile, and shows the interest of a child in bright

colors and trinkets. This taking on of flesh usually attends the transition of secondary dementia from the more active forms of insanity. The delusions are lost, life becomes mechanical and automatic, and the patient becomes gradually more and more stupid, and passes down through the animal grades until his existence is more like that of a vegetable than anything else.

CASE III.—This man is a case of senile dementia. His loss of mind has not followed upon any other form of insanity, but has simply come on gradually as his years have gathered. He is seventy-eight years of age, and you see that he is childish and simple. He prattles away in a silly manner, is sometimes petulant and irascible, but, as a rule, gives very little trouble, and is easily controlled and directed. The prominent feature in these cases is loss of memory, and particularly as regards recent events. Occurrences which were impressed upon the mind in earlier days, when it had not lost its vigor, are remembered and detailed with considerable accuracy; but present happenings seem to make no impression, and are at once forgotten. For example, the senile dement will tell you very correctly some story of his early life, and a few hours afterward he will tell it to you again, equally correctly, but quite forgetting that it is not new to you.

Of course, there is nothing to be done for such cases with any expectation of improvement; the only thing is to make them comfortable for the rest of their days, and this may generally be done at their homes. The physician's connection with them is more apt to be in the capacity of adviser upon the point of their ability to make wills or execute contracts. Then it will be well to remember that the law does not require a man performing such acts to be as strong of mind as he ever was, but only to be strong enough to appreciate the nature and the effect of his acts; and, further, that in this, and, indeed, in all forms of insanity, there is occasionally, just before death, a temporary clearing up of the mind, which takes it back, for the time, almost to its former vigor.

CASE IV.—Among the synonyms for dementia, sometimes used, is that of "cataleptoid insanity." Here is a case that illustrates the occasional appropriateness of the term. This man has sat immovable during all the time that I have occupied in introducing the other patients.

His head is bent forward, his eyes fixed, his mouth open, with the saliva dribbling from it, and his arms hanging by his sides. When I take hold of his arm and urge him, he rises, and again becomes immovable. As I place my hand on his shoulder and push him, he steps out like a walking doll; and the moment I stop he stops, and there he will stand until he is moved again. Now I raise his arms and bend them in different positions, and they remain just as I place them. I bend one knee and raise his foot from the ground, and he stands steadily upon the other. I press him back into his seat, raise both feet in the air, and in that position he will remain until it is changed for him. This is an excellent example of what has been called the "waxy figure" condition, or the condition of "waxy mobility." Of course, this man does nothing for himself, but has to be attended to and moved about like a machine. Even if food were placed in his mouth, it would remain there unswallowed, and so he has to be fed with the stomach tube. He has to be taken up and dressed, and undressed, and put to bed again; and he passes his dejections without heed, if he passes them at all. Often the bowels have to be relieved by injection, and the bladder with the catheter.

We pass now from the dementes to the idiots and the imbeciles. Idiocy and imbecility are not properly forms of insanity, certainly not so under the definition which we agreed upon; for *their* difference from the normal condition can not be determined by comparison of the individual suffering with himself at another time. In their case we are obliged to set up an ideal standard and judge their victims by it, and not by remembering their normal condition. They are, in fact, *in* their normal condition. With dementia, they have this in common, that there is in each case want of mind; but in one case the want arises from loss, and in the other from original absence. Differing, in this, from dementia, they differ between themselves; idiocy being a congenital condition, and imbecility a condition of arrested development, the arrest occurring after birth, and at a longer or shorter interval. I do not mean to say that an idiot or an imbecile may not be insane. His brain may take on diseased action, and he may have an attack of acute mania or of insanity of some other form as well as another. But the existence of his idiocy or his imbecility does not in itself

constitute insanity. In other words, he may be of defective mind without being of unsound mind.

The patients before you are not inmates of this institution, but come from the Idiot Asylum on Randall's Island, by the kind permission of its superintendent, Dr. J. C. Howard. Among them are some idiots and some imbeciles, but in each one you will notice one or more defects in physical development, which establish a decided contrast between not alone them and ordinary mortals, but between them and the insane persons who have already appeared before you. Taking the idiots first, you will notice a very decided difference between them—an anatomical one. Some of them have very small heads, some of them very large, and we divide them, therefore, into microcephalic and macrocephalic idiots. As a rule, the large-headed are, more properly speaking, imbeciles, for the brain is not simply undeveloped, but diseased; but this is not always so. The capacity of the skull does not always indicate the size of the brain; and the former may be very great, and the latter very small. In a general way, we may say, that the brain of the idiot represents quality without quantity; while of that of the imbecile the reverse is the case. As a rule, the terms which we have used have fairly suggested their own definitions; but, in the present instance, I fear that this is scarcely the case. For, in the original, the term idiot meant one who had not sufficient intellect to engage in political affairs, or hold political office; and, in these latter days, there is a suspicion that it has somewhat lost its significance in that regard. Ancient tests, also, have, to some degree, lost their value; for one of those in best repute was, to require the alleged idiot to identify his own father and mother, while more recent authority has declared one-half of that to be difficult even for a wise man.

With these idiots I can do little beyond directing your attention to the physical peculiarities which they present. I know nothing of them myself as to their histories and so forth, and but little is known at the institution from which they come. How little, may be judged from the fact that one of them is known as "Central Park"—a name probably not acquired in the usual way, from his godfathers and godmothers, but rather from the locality in which he was found; while a second is called "Sloppy," in delicate allusion to a personal characteristic which is sufficiently apparent to you.—*Medical Record*.

Therapeutic Skepticism.

THE following extract, from a lecture by Dr. Roberts Bartholow, well describes the doubt that prevails as to the efficacy of the bulk of medicines—a deadly blight that is liable to fasten on the too scientific physician:

We constantly hear physicians complaining that the published results of others, in respect to the utility of particular plan of treatment, can not be realized in their own experiences; that, although Davy cured paralysis by the inhalation of nitrous oxide, they can not succeed, although they have carefully observed all the conditions of the experiment. They entirely overlook the fundamental fact that one physician summons to his aid the mysterious mental force in hope, faith, expectant attention; and another represses it, not consciously to himself, by a lack of personal enthusiasm, and still more, by a lack of confidence in his own powers, and in the power of his remedies—fatal defects in the character of the physician, which will not escape the keen scrutiny of the anxious patient. I will not use the vulgar term “personal magnetism,” for it has no meaning, and the power is not a magnetic quality or power—not a mysterious gift possessed by the chosen few. That which inspires a supreme, unquestioning, all-pervading belief in the efficacy of the means proposed, is a reflex of the confidence of the physician—not a boastful, self-asserting egotism, not the blind faith of ignorant credulity, but the well-founded convictions of the enlightened therapist, confident in his resources from long experience of their capabilities.

The end to which all our studies are directed, as practical physicians, is the application of remedial agents to the cure of diseases. An unprejudiced thinker, to whom the subject was mentioned, would assert with confidence that gentlemen engaged in a pursuit requiring the use of certain agents to accomplish the desired results, would be most solicitous to inform themselves fully in respect to those agents. He would regard it as incredible that a considerable part of our profession are either indifferent or satisfied with vague notions, and that a still larger part fall into the routine methods with a few agents which have to do duty for all possible conditions. This widespread inappreciation, indifference, or ignorance of the actions and uses of drugs is due partly to fashion, partly

to the unpromising nature of the subject. Within a few years past a therapeutical nihilism has been the position occupied by many of the most influential leaders in modern medical thought. This movement is a result, in part, of the overshadowing importance of physiological and pathological studies. The founding of great laboratories, and the brilliancy of discovery in these departments, have attracted universal attention to those studies which have become the fashion. We see on every side the efforts put forth to give this direction to medical study and teaching. The desire of the time seems to be to make students, histologists, pathologists, microscopists, rather than sound practitioners, full of the humble but necessary knowledge of the practical departments of our art and science. I hold this to be a perversion of the duty of a medical school. Its first and highest duty is to instruct students, not to pursue minute researches, but to become thoroughly accomplished physicians and surgeons. No fact is more evident than that the highest order of physicians and surgeons are not men remarkable for their knowledge of microscopy, of experimental physiology, and the other branches of theoretical medical science; and, conversely, that the microscopists and pure physiologists are not remarkable as physicians, and, indeed, can not be. The attempt to pervert the proper purpose of medical schools, and to give merely a science aspect to medical teaching, is a fashion of the time, which, if it gain more adherents, is likely to do serious mischief to the cause of medical education. For young men, allured by the glitter of the scientific world, will neglect the important and really more difficult attainments of true professional studies.

It is a mere pseudo-science which is misleading so many that it has become commonplace to know something about drugs and prescribe them; the new school of pathologists and physiologists look upon the whole business of medicine-giving as unscientific, and, therefore, unworthy the attention of the higher order of medical thinkers. It is a very fascinating doctrine, that to be ignorant of drugs is to be regarded as superior to commonplace—as being in the higher walks of medical life—and, hence, many make haste to adopt it, relying for the hereafter on mint-water in the treatment of rheumatism, and similar nihilistic absurdities. The great question of the

times is, does it pay? Applying this utilitarian method to the subject, I answer, it does not pay to be ignorant of therapeutics, and I prove my position by some illustrative examples selected from those recently deceased, so as not to be accused of making invidious comparison. The most successful physicians Paris, Vienna, Berlin, London, Edinburgh have had for a generation, were Rousseau, Oppolzer, Traube, Todd, Begbie—all of whom were most careful students of therapeutics, have contributed to our knowledge of the subject, and were diligent prescribers of remedies. These great men were not only successful teachers and clinicians, but had great local renown as practitioners, and each had a large *clientèle*. I beg you will not, therefore, be misled by the depreciation of therapeutics by presumed medical scientists, who are not sufficiently scientific to feel their position assured, but must manifest their superiority by speaking contemptuously of the so-called practical branches.

Many who have started out on a medical career with a competent knowledge of therapeutics have been disheartened by a failure to obtain the expected results. Failures of this kind arise from two causes: First, from an incorrect appreciation of what nature and art respectively accomplish; and, second, from an inability to make a correct therapeutical diagnosis. The rage in our time is to make an accurate diagnosis of disease, and it is an enthusiasm to be encouraged, but there ought to be a corresponding desire to make an accurate therapeutical diagnosis—that is, to ascertain the remedy adapted to the form and character of the disease and condition of the patient. Into this problem many complex questions enter, and he only can solve it correctly who has an intimate acquaintance with the phenomena of disease, and with the whole range of rational and scientific therapeutics.

What art, what nature can accomplish, is a wide subject, which I must merely mention. It is a singular fact that but few young physicians, comparatively, recognize the limit of remedial power. The result is that they may begin with a blind, unquestioning faith, but they end with an unreasoning skepticism.

Confronted at the outset of his career with the subjects of *materia medica*, a student may well stand appalled. A subject which embraces the mineralogy, the chemistry,

the botany, the pharmacology of several hundred articles belonging to the three great kingdoms of nature, would seem to require the undivided attention of a life given to the task. The student of medicine can not become sufficiently well informed in these sciences to utilize them in the study of the *materia medica*, and, at the same time, devote sufficient attention to his strictly medical studies. The result is, he abandons an undertaking which seems to him hopeless, cuts the subject of *materia medica*, and contents himself with the fewest possible facts in therapeutics. He enters into practice with crude notions, and is given to a boundless credulity respecting the curative powers of drugs, or he cultivates a skeptical diletantism, or becomes a skeptic, affecting a patronizing forbearance for the weakness of those who have faith in remedies. The condition to which the practitioners are now reduced in Paris is gravely stated in a letter which appears in a recent issue of the *Lancet*—so gravely that it can hardly be regarded as satirical: “No wonder therapeutic skepticism is now the rule with prescribers. Thanks to the enterprise of wholesale druggists, a host of *elegant* preparations are always at hand which relieve the scientific *clinicien* from the ridiculous absurdity of writing a useless formula. Now that diseases are allowed to run their normal course under the watchful eye of the medical naturalist, the exhibition of an inert but *elegant* granule, must be considered a vast improvement upon the active interference of our physicking forefathers.”

No wonder that, at a recent meeting (last month) of the Paris Academy of Medicine, there were loud demands for reform. No wonder that Dr. Andrew Clark, in that recent iconoclastic address, from which I have just quoted, cries out that therapeutics, “the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition.”—*Medical Record*.

What Causes Putrefaction?

IN the *American Practitioner* are appearing a very clever series of Lectures on Surgery, by Dr. Chiene, of Edinburgh. We extract the following concise exposition of the “burning question” of the day—antisepticism:

“We have next to consider the cause of putrefaction.

If we examine putrid matter, we find in it numbers of rod-like bodies, which are termed bacteria. These bacteria are living; they have all the characteristics of life; they move, they propagate like other bodies; they require certain conditions for their existence; they require more favorable conditions for their growth and propagation. They are seen in putrid matter. Are they the *cause* or the *result* of the change which is termed putrefaction? That they have something to do with the process is very evident. Putrefaction is allowed to be a form of fermentation, and we may liken it to the well-understood variety of fermentation termed alcoholic fermentation. If to sugar we add the yeast-plant—a living organism—and keep it at a certain temperature, we find after a time that the sugar is converted into alcohol and carbonic acid; these are the products of the fermentation. We also find that the yeast-plant is increased in quantity. The yeast-plant causes the change in the sugar, and it grows at the same time that the change is taking place. The bacterium is the yeast-plant; the nitrogenous substance—say a solution of meat—is the sugar. The products of putrefaction—analogous to the alcohol and carbonic acid—are sulphur-ated hydrogen, carbonic, butyric, valerianic acids, ammonia and its compounds, etc. The bacterium, then, is the cause and not the result of the sepsis or putrefaction.

"The *germ theory of putrefaction* asserts, first, that living organisms are the cause of putrefaction; second, that these organisms arise from parents; third, that they are planted in the substance which putrifies; fourth, that putrefaction is the result of the growth of these organisms in the substance which putrefies. Certain substances, termed antiseptics, interfere with this change, and they interfere by destroying the organisms which cause the change.

"We have, then, to note that we have to deal with two factors, a living organism and a nidus for its life—a plant, and the soil in which it is planted. The growth of the organism can be interfered with in two ways. We may destroy the organism, or we may render the soil in which it grows unsuitable for its development. The object which the surgeon has in view may be likened to the daily work of the farmer in preventing weeds from growing on his land. The farmer either attacks and destroys the weeds, or mixes something with his soil which will prevent the

weeds from growing. This is the problem difficult for both surgeon and farmer, and the solution of this problem is antiseptic surgery."

MICROSCOPY.

NUCLEATED BLOOD CORPUSCLES.—Mr. G. W. Morehouse, of Wayland, N. Y., writes to us as follows: "Referring to Mr. R. Hitchcock's reference to me, in your June number, I would say, I have no recollection of having 'suggested' the nucleated or non-nucleated structure of human blood corpuscles; in fact, I have never made such study of them as to enable me to form a positive opinion on the question. I do not, therefore, understand the purport of Mr. H.'s remarks so far as they relate to myself."

New Microscopical Society.

As a sequel to the late session of microscopists at Buffalo, we record the recent organization of the "Griffith Microscopic Club of Detroit, Mich." Its second meeting was held on the evening of October 1. The undersigned being present, by invitation, was pleased to find in attendance many well-known friends. Among them may be named:

Prof. E. T. Whetmore, E. H. Griffith, A. M., Prof. I. A. Jones, M. D., Prof. P. B. Rose, M. D., Prof. J. M. B. Sill, Prof. E. L. Shirley, M. D., T. P. Main, M. D., L. Younghusband, M. D., I. D. McGune, M. D., E. W. Chase, M. D., R. C. Olin, M. D., W. H. Breasley, Esq.

Our Detroit friends seemed unanimous that the next session of the National Society should be held with them, Mr. Breasley kindly offering to provide accommodations, free of expense, to its members. I have been at Detroit once, and desire to repeat.

In haste, but sincerely yours,

J. EDWARD SMITH,
323 Euclid Ave., Cleveland, Ohio.

Pathogenetic Bacteria in Salt Water Marshes.

IN studying the infusorial life in sweet and salt water bodies, I was soon struck by the almost general absence of bacteria in stagnant water, pools, marshes, etc. Around carcasses of larger animals they are always found in abundance, but they are confined to a limited area around the putrefying substance: they do not spread through the whole body of water. Knowing the widespread occurrence of bacteria in the atmosphere, I was the more astonished, but failed to find an explanation for this apparently paradoxical fact. Meanwhile, observations in the fall of last year gave me a satisfactory solution of the problem. In the beginning of fall, in the months of September and October, infusorial life is the richest and most variable.

Having exposed to the air glass jars containing plants and samples of water from different localities, I soon found certain jars full of wrigglers, the larvæ of mosquitoes (*Culex pipiens*) bouncing with the greatest velocity through the water, which proved to be almost entirely deprived of infusorial life. In the struggle for existence, the wrigglers consume all the weaker micro-organisms, and the only infusoria surviving the struggle are the largest Hypotrichous ciliata, such as stylonychia, euplotes, etc.

Closer observation revealed small brownish lumps of a velvety appearance, deposited on the surface of the water, and containing a large number of mosquito eggs, which after a few days are transformed into larvæ. As mosquitoes breed at an enormous rate, the water is soon swarming with wrigglers. To prevent the destruction of my stock for microscopical examination, I had to cover the jars to exclude mosquitoes.

Septic liquids containing putrid meat and decaying plants, giving off a most terrible stench, were purified after wrigglers developed therein, and feasted upon the myriads of bacteria, flagellata, etc. The liquids became perfectly clear, transparent and odorless—the bacteria at the same time disappearing entirely. Thus I had found in wrigglers the most important factor for controlling and preventing septic processes. Undoubtedly the wrigglers are substituted in other countries by the larvæ of other insects. The scarcity of bacteria, or septic infusoria, in stagnant water, is lucidly explained by the abundance of

wrigglers—they bearing to each other the relation of cause and effect.

Into the study of the etiology of mycotic diseases enters, therefore, a new element, viz: the conditions regulating the development of the enemies of pathogenetic infusoria—in particular, that of the wrigglers.

The present frequent occurrence of septic infusoria will find an easy explanation in the scarcity of wrigglers, which scarcity was brought on in the following manner: The great and sudden reduction of temperature in the latter part of September caused the destruction of mosquitoes, especially the females. Although the cold days were followed immediately by hot weather, only a few struggling individuals were left behind, the principal stock having been killed. A jar, with a lively breed of wrigglers in my possession, dates from the beginning of October. Later on, mosquitoes ceased to annoy me, and I did not need to protect the jars any longer. This scarcity of wrigglers, combined with an unusually high temperature, so favorable to infusorial life, are sufficient to explain the present frequent occurrence of septic infusoria.

Among the pathogenetic bacteria swarming at present in stagnant waters, I wish to allude in particular to *Spirillum undula*, generally of much rarer occurrence than the other septic bacteria. As well known, Obarmeier described, in *Cibit.*, 1873, No. 10, a micro-organism resembling *Spirillum tenne*, possessing the same rapid corkscrew-like movement, and living in the blood of patients suffering from recurrent fever. *Spirillum undula* of comparatively large size is a conspicuous object for microscopical examination, and scarcely fails to be detected if present. The transition from the latent or passive state—which state may be easily procured by exposure to cold—to the active state, is readily observed and produced at will. This interesting phenomenon illustrates fully the appearance and disappearance of certain mycotic diseases, and their dependence upon cosmic agencies.—*Medical Record*.

THE GERM THEORY ON STILTS.—We find, in a late number of the San Francisco *Evening Bulletin*, an editorial on the subject of typhoid fever and kindred diseases, which is calculated to mislead the public mind in some respects, rather than to enlighten it. The ideas expressed are de-

rived mainly from an article in the *Nineteenth Century*, written by some over-confident advocate of the germ theory of disease, which may or may not be true, but the truth of which it would be premature to affirm in the present state of medical science. The editor says: "The microscope, in the hands of modern scientists, has settled the germ theory of contagion. It has detected millions of organisms, each of which would have the power to breed disease. Most of the poisonous organisms of typhoid fever are emitted from the bowels." All this is far in advance of established scientific truth. The germ theory is now under fire, and looks like losing ground rather than gaining it. The statement in regard to the origin of typhoid fever is an assumption. It may be true, and it may not. There is nothing in the history of typhoid fever in California which would tend to confirm it. The following passage, quoted by the *Bulletin*, from the article referred to, we copy as a fair specimen of closet speculation: "In typhoid fever, the nidus is situated in a limited portion of the bowel, the sole route to which, by way of the circulation, is through an artery the size of a crow-quill. A typhoid germ may be taken in through the lungs, and may make the round of circulation two or three dozen times without being likely to enter that vessel. The more often this may occur, the greater the chance of its being thrown off from the system without acting. But if the typhoid germ be taken in through the digestive organs, it is brought into direct contact with the seat of its nidus, and can scarcely fail to act."—*Pac. Medical and Surgical Journal*.

GLEANINGS.

CEREBRAL SYPHILIS.—Dr. L. E. Atkinson, of Baltimore, relates (*Virginia Medical Monthly*, Dec., 1879) three interesting cases of cerebral disease of syphilitic origin. We have space for his conclusions only: It will be universally recognized that not one of the symptoms of brain disease, observed in these patients, presented a feature which could, in any special sense, be termed syphilitic, which could not, equally well, be produced by a non-syphilitic malady. At the same time, they show that widely different morbid conditions may arise from the

same source, and that this source, probably more than any other in the pathology of these affections, is within the influence of our art. And it daily happens that their true nature remains unrecognized, and patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium, or sodium iodide, could have saved them to life and usefulness. And let it not be forgotten, that if we are to cure these patients, it must be while the *specific* processes are developing or in full activity—while the membrane is hyperæmic and beginning to thicken, the gumma forming, the artery narrowing—and not after the essential parts have been destroyed or crowded out by the unwelcome stranger. Usually, it is not difficult to recognize the presence of syphilis in these stages, in view of the curious combinations of symptoms displayed; and it is incumbent upon us not to be unmindful of the possibility of a syphilitic origin of any given case, so that timely advantage of a proper diagnosis may be taken. The treatment of cerebral syphilis, then, consists in the treatment of processes essentially syphilitic; and it must be kept in mind, that, apart from these, the results of syphilitic disease of the brain are identical with those of various other affections—they are the indelible traces of a battle that has, may be, long since been fought.

LEPROSY.—Dr. Henry Gibbons, Sr., President of the California State Board of Health, and senior editor of the *Pacific Medical and Surgical Journal*, gives his views upon the question of the probability of our country being invaded by leprosy, in the November number of his excellent journal:

“There is not, nor has there ever been, the least reason to fear its diffusion among our people. Unwisely, if not dishonestly, efforts have been made, from time to time, to alarm the public mind with the idea that we are in danger of an invasion of the disease through the Chinese immigration. The President of the State Board of Health has received, from intelligent persons in the Atlantic States, earnest inquiries whether our nation is likely to be inundated with the plague of leprosy, as might be inferred from certain statements published in California. Whatever may have been the loathsome and dangerous character of the disease in ages long gone by, it has lost

its terror in modern times. The best authorities all over the world agree that it is not contagious or communicable under any ordinary circumstances, and that it is propagated only by inheritance. In fact, it appears to have been dying out during the last centuries, and is now scarcely known, except sporadically in a few countries, and as an endemic in some isolated localities. From the settlement of California, thirty years ago, and the immigration of the Chinese at the same period, individual cases have been observed among the latter. But no disposition of the disease to extend itself has been manifested, and it is a question whether a single case of genuine leprosy has been known in a Caucasian subject during that time. Certainly there is no proof that any white person has contracted the disease from a Chinese leper. As far as regards the Caucasian population, leprosy is a mere phantom."

CONGENITAL ABSENCE OF RECTUM.—Dr. A. L. Carroll, of New Brighton, New York (*New York Medical Record*), reports the case of a male infant in whom the rectum was entirely absent. Dr. Carroll introduced a trocar, pushing it along the line normally occupied by the gut, to the depth of three and seven-eighths inches, when the cavity of the bowel was reached. There was no chance of drawing the intestinal pouch down to the anus, hence he only hoped to maintain and dilate the sinus he had thus formed. The operation was performed on November 23, 1878, and the case seemed to progress fairly well until January 3, 1879. The advent of severe cold weather seemed to have caused the fatal termination. After discussing the question of malformation of the rectum, he reached the following conclusions regarding the treatment and prognosis:

1. In congenital malformation of the rectum, exploration from the perineum should always be first essayed, and, by preference, with the trocar. If the occlusion consists of a simple membranous septum, it need only be incised crucially with a probe-pointed bistoury. If the intestinal pouch be sufficiently near to the surface, the track of the trocar should be enlarged by the knife, and an endeavor made to bring the mucous lining down to the external wound. If, however, the interruption of continuity be too great for this proceeding, we should be

content with dilatation of the fistulous passage, although with small chance of prolonging life beyond a few weeks.

2. In case of failure to find the bowel with the trocar, a forlorn hope may be sought in colotomy. And here, in view of the probability that the arrest of development has occurred at an early stage, I should choose the right lumbar region as the site of operation.

3. Where the deficiency of the rectum involves a considerable part of its course, the prognosis is almost hopeless, whatever method of operating be adopted.

TREATMENT OF ACUTE PLEURISY WITH JABORANDI AND PILOCARPINE.—M. Bouchet, in his clinic at the Children's Hospital, related the following cases occurring under his observation:

Case 1, a little girl, aged five, whose parents died of phthisis, had marked symptoms of acute pleurisy. Two days after her admission she was given three grms. of infusion of jaborandi, daily; light diet. In a short time the effusion had disappeared, and the day after its disappearance the patient was discharged.

Case 2, a girl aged fourteen, who last October had typhoid fever with right pleurisy, was discharged cured in December. Sometime ago she was taken with pains in the right side, fever, and felt generally broken up. On August 30th she was given jaborandi, 1 grm., and a hypodermic injection of .01 grm. of nitrate of pilocarpine on the abdomen.

Aug. 31—Injection of .01 grm. The effusion is diminished.

Sept. 1—Hypodermic injection of .0075 grm. of nitrate of pilocarpine.

Sept. 2—Infusion of jaborandi, 1 grm.

Sept. 4—.0075 grm. pilocarpine, hypodermically.

Sept. 6—.0050 grm. pilocarpine, and infusion of jaborandi, 1 grm.

Sept. 7—Pilocarpine stopped and jaborandi continued.

Sept. 12—All medication stopped.

Sept. 24—Patient discharged as cured.

Case 3, a little girl aged ten; is strumous, presented symptoms of subacute pleurisy. She was of a debilitated constitution and the diagnosis most difficult to establish. She was given two grms. of infusion of jaborandi daily, and rapidly recovered.—*Paris Medical*, Oct. 16, 1879.

DEFORMED PELVIS A RESULT OF AMPUTATION.—Dr. Brochin relates the following case, occurring in the hospital under Dr. Dumas, at Montpellier. A young woman, aged 19, who had the right thigh amputated when three years old, entered the hospital in December, 1873, to be delivered. On examination the pelvis appeared normal. The pregnancy had been quite natural and she was easily and safely delivered. In a few days after delivery she had rigors, general pain, and soon died of peritonitis.

The post mortem examination showed the following anomalies in relation to the pelvis:

1. The total height of the pelvis is much diminished on the right side.
2. The false pelvis is enlarged transversely by the sinking outwards of the left ilium, and the distance between the two anterior superior spines of the ilia is greater than that taken at the middle joint of their crests, which is the reverse in a normal pelvis.
3. The superior strait has all of its diameters more or less increased, and this is greatest in the left oblique. The circumference is greater than normal, the right half being the longer; the curve being irregular at various points and the plane of the straits being inclined to the right.
4. Two diameters of the excavation are notably increased.
5. The diameters of the inferior strait are slightly diminished.
6. The right catyloid cavity is markedly atrophied, as also the whole corresponding half of the pelvis.

These are changes more especially interesting to accoucheurs, who will readily perceive all the complications that may arise from such deformities.—*Gazette des Hopitaux*, Oct. 18, 1879.

STROMA OF RED BLOOD CORPUSCLES.—M. Houel, at the Biological Society, remarked that when a thin layer of dried blood is washed with distilled water, the corpuscles are not dissolved, the water only carrying away the haemoglobin. He further stated that when a thin layer of blood is dried in the air, the red discs roll themselves the same as they do in a wet preparation. The diameters of these corpuscles are measured with a micrometer and the layer is then washed with distilled water, which is

allowed to run off slowly. The haemoglobin is carried away, whilst the decolorized corpuscles remain behind on the glass slide. Iodinized water is then poured over it, and on examination it can be seen that none of the corpuscles have disappeared. The red ones, deprived of their haemoglobin, are reduced to a thin pellicle colored yellow by the iodine, and having a double contour. By the aid of the micrometer it can be readily seen that they have preserved their dimensions and form. The highest powers of the microscope fail to show the presence of any structure in this pellicle, which has no nucleus, filaments or granular matters. This permits us to consider the pretended *stroma* as a thin pellicle of protoid nature, insoluble in water and forming an external membrane to the red blood corpuscle.—*Ibid.*, Oct. 18, 1879.

CONSUMPTION CURED(?).—Prof. Rokitansky, the younger, has astonished the medical world with the statement that benzoate of soda, given by inhalation, will cure this disease. We copy, from the Cincinnati *Lancet and Clinic*, the directions for its use, given by Dr. Kroczaik, of Innsbruck: “We use one part of benzoate of soda in a five per cent. solution, twice daily, to the thousand of the body-weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air and abstention from all debilitating causes.” It will be well to wait for further trials of this much-vaunted remedy before ordering it in any excessively large quantity.

A CRANIAL SEQUESTRUM.—(*London Lancet.*) A sequestrum, consisting of the two parietal bones, with portions of the frontal and occipital bones, were recently shown to the Academy of Medicine by M. Benea. The boy from whose head these bones were obtained always had a peculiar, if not pathological, profoundness of sleep. At night neither noise nor blows would awake him. One evening he was left alone in the house. When his parents returned, they found the boy on the floor, his head in the fire, and fast asleep. His cap and hair were burned, and also a large portion of the scalp. He was put to bed still fast asleep. The boy awoke in the morning, and went to the mountains to attend sheep, as usual. Six weeks after the burn, a large slough separated, ex-

posed the cranial vault, and pleased the boy much, as it enabled him to carry bundles of sticks on his head without being hurt by the thorns. Six months later a large piece of bone came away, a portion only being preserved. Oiled linen was applied under the cap, and, a year after the accident, the entire wound was granulating nicely. At one time pulsations synchronous with the pulse of the wrist were observed, but afterward they could not be detected. Hence, it is not improbable a new bony covering has formed. The wound is imperfectly cicatrized, and will probably soon heal. The boy is now well otherwise, and eleven years old. The accident happened three years ago.

THE DIPHTHERIC POISON.—A singular instance of the vitality of the poison of diphtheria is reported in the *Vratschebnyia Vedomosti*. A gentleman in the south of Russia had, four years ago, lost a boy from diphtheria. A family vault having recently been constructed, the coffin of the boy was transferred thither. Before it was lowered down into the vault, the father wished to look at the body, having entertained a suspicion that the child had been buried alive. An opening was accordingly made in the lid of the coffin, the whole family, including five children, looking on. The next day, all the children were ill with diphtheria, and one of them has since died.
—*British Medical Journal*, June 7, 1879.

TREATMENT OF WHOOPING COUGH BY CARBOLIC ACID INHALATION.—Dr. Thorner used carbolic acid inhalation in sixteen cases of whooping cough with good result. Large children can use a regular inhaler, the glass of which holds about 80.0 (f 5 2 $\frac{2}{3}$) and inhale three times a day, sitting about three feet from the instrument. The solution should be one to two per cent. carbolic acid. When children are too small to properly use the inhaler, two or three glasses may be “sprayed” into a tightly closed room and the children allowed to sit in it twenty minutes at a time.—*Centralblat*, March.

NITRITE OF AMYL IN POST-PARTUM HEMORRHAGE has been used, with most satisfactory results, by Elias W. Kern, M. B. (*British Medical Journal*, November 1, 1879.) The patient was in collapse when the nitrite was given by inhalation. The hemorrhage ceased at once and permanently, and the patient was restored.—*Archives of Medicine*.

TREATMENT OF PURULENT OTITIS.—(*Gazette Hebdomadaire.*) A round piece of wicking may be used to cleanse the ear instead of a syringe. It may be introduced by the patient himself. A gentle rotary motion will carry it to the bottom of the meatus, where it quickly absorbs the pus. This is to be repeated until the ear is cleansed, and a piece is left *in situ*. It may be medicated with an alkaline solution, or with salt water.

BOOK NOTICES.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., Fellow of the Royal College of Physicians of London, etc., etc. With numerous additions and illustrations, by Henry Hartshorne, A. M., M. D. In three volumes. Volume I, General Diseases and Diseases of the Nervous System. Philadelphia: Henry C. Lea. 8vo. Pp. 1127.

We have on our table the first volume of this large and magnificent work, which is to be completed in three volumes—the English edition, with less matter, consisting of five volumes. Since the first appearance of the first volume it has acquired the well-deserved reputation of being the work in which modern British medicine is presented in its fullest and most practical form. This is not remarkable, since it is not the product of one mind, but is the result of the collaborations of the leading minds of the profession of Great Britain. The contributors are: Sir Henry Thompson, Graily Hewitt, Henry Mandsley, J. Hughes Bennet, Chas. B. Radcliffe, Francis Sibson, Francis E. Austin, Wm. Roberts, Hyde Salter, Jonathan Hutchinson, Charlton Bastian, Alfred B. Garrod, Wilson Fox, B. Squire, Marell Mackenzie, B. Curling, Lander Brunton, J. Hughling Jackson, Sir Wm. Jenner, Thos. King Chambers, etc.—the contributions of all edited by J. Russell Reynolds. Dr. Henry Hartshorne, of Philadelphia, has supplied whatever deficiencies seemed to be in the English edition, and has rendered whatever service necessary to make the work more suitable to this country.

“Reynolds’ System of Medicine,” the product of the best minds in the medical profession, must take the position of being the leading work on the “Principles and Practice of Medicine” in the English language. As the

editor states, it presents within as small a compass as is consistent with its practical utility, such an account of all that constitutes both the natural history of disease and the science of pathology as shall be of service in either preventing the occurrence, or detecting the presence, and guiding the treatment, of special forms of illness. To those physicians who desire a very complete work, one that treats minutely of all forms of disease—history, pathology, and treatment—we very cordially recommend it.

The work, we believe, is to be sold by subscription. The price, in cloth binding, is \$15 for the three volumes; \$18 in leather. The second volume will be ready early in March; and the third shortly after.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE.
By John Syer Bristowe, M. D., London. Second American edition, revised by the author, with Notes and Additions, by James H. Hutchinson, M. D. 8vo. Pp. 1081. Philadelphia: Henry C. Lea. Cincinnati: R. Clarke & Co.

The work of Dr. Bristowe has met with flattering success in this country—this being the second edition which has been called for within a very short time from the publication of the first. It has been prepared for the American profession by the author himself, and has a preface by him.

This edition has been very thoroughly revised by the author. Errors and inconsistencies of teaching have been corrected. Whatever seemed questionable or superfluous has been struck out, and the work brought fully abreast of present knowledge.

Dr. Bristowe, as a practitioner and a teacher of medicine, has a very extensive experience, and has brought his learning to bear in the preparation of his book. It is not, therefore, by any means, a mere compilation; but, while the author has availed himself of the researches of others, he has epitomized very largely his own personal clinical and pathological observations. As he states, there are few even of the incidental remarks and statements which are scattered throughout the pages that have not originated in, or been sanctioned by, independent thought and observation.

Consisting of a single volume, the work is well adapted

for students and for practitioners as a work of reference. While it is concise, it is sufficiently full for all practical purposes. It contains a very complete epitome of all that characterize the various diseases and their treatment.

We feel confident that the work will continue to maintain its popularity with students and physicians.

A BIOGRAPHICAL DICTIONARY OF CONTEMPORARY AMERICAN PHYSICIANS AND SURGEONS. Edited by William B. Atkinson, M. D. Second edition, enlarged and revised. Svo. Pp. 747. Philadelphia: D. G. Brinton. Cincinnati: R. Clarke & Co.

The publisher of this work has no doubt conferred a favor upon the profession by its publication. Every one will appreciate the advantage of a work that on reference to it a brief biographical sketch can be obtained of almost any contemporary physician of prominence in the United States. We have often experienced the need of one of the kind, and so, no doubt, have others. A second edition being called for is evidence of the satisfaction of the profession with it.

It has been the effort of the publisher to give a brief biographical sketch of every living physician of the United States who has visibly and publicly contributed to the advancement of medical science. We would suppose, from the list of names of the index, that there are about 2,500 biographical sketches; from which it will be perceived that not many gentlemen of prominence in the profession have been passed by. Of course many omissions would necessarily occur in consequence of the extent of territory embraced, and the hesitancy of some gentlemen to supply information. Of the two or three hundred physicians of Cincinnati there are biographies of thirty-three. To properly represent the profession of the "Paris of America," several of these should have been omitted, and a number that do not appear inserted; but it is impossible that there should be perfection—while many undeserving individuals will obtain positions, to which they are not entitled, by effrontery and dishonorable means, many meritorious persons remain in the background through diffidence and failing to use proper efforts to secure what properly belongs to them.

"As a monument of the labors of the many, and as a storehouse of innumerable interesting biographical facts

of the most authentic character, the volume can not but have a permanent historical value, and be treasured by all who take an interest in the progress of scientific medicine."

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS.

Also, POISONS OF THE INTELLECT. By Chas. Richet, A. M., M. D., Ph. D. Translated by Edward P. Fowler, M. D. 8vo. Pp. 170. New York: Wm. Wood & Co. Cincinnati: R. Clarke & Co. Price, \$1.50.

All our readers interested in the study of mental phenomena, and in that of the physiology and pathology of the brain and nervous system, will be interested in this little work. It is not a phrenological work by any means, although the author is disposed to consider that various mental functions are localized in the brain, the great organ of the mind. It is a full account of the structure of the brain, its anatomy and physiology; and from the stand-point of anatomy and physiology—the only scientific mode—intellection, and all that is comprised in it, is studied. We have not space, or we would make a number of interesting extracts. We may at another time. But we advise our readers to purchase and peruse the work.

THE PHYSICIAN'S VISITING LIST, for 1880. Twenty-ninth Year of its Publication. Philadelphia: Lindsay & Blakiston. Price, \$1.00.

Our readers are well acquainted with this List, having been before the profession for so many years. It is the one we use ourself, and in this way exhibit our esteem of its superiority. If there are any physicians in city or country who do not use a Visiting List we advise them to make a trial of one, and be convinced that they will save many a dollar.

DEFERRED NOTICES.—We have received a number of valuable works from publishers for notice, which we are under the necessity of letting lie over until another time, for want of space. They will receive due attention in due time.

EDITORIAL.

END OF VOLUME.—This number of the MEDICAL NEWS closes the volume of the present year. We are late in getting the number out, but our readers will recollect that we were prostrated the whole of October by a severe attack of illness, which threw us behind; and in the time that has elapsed since then, in consequence of press of business, we have not been able to catch up, but we expect, ere long, to be able to issue the journal on the first of the month of its date. In the meantime we hope our subscribers will be patient.

As to the value of the volume which this number completes, we leave for our subscribers to judge. We will say, however, that while it might have been better, we think it will bear very favorable comparison with most of its contemporaries. We feel warranted in asserting this, for there has appeared in the MEDICAL NEWS, during the year, no little matter from the most eminent men of the profession, both in this country and Europe. While the articles written for us have generally been good, contributed by intelligent physicians, some of them distinguished in the profession, we have endeavored, so far as lay within us, in our selections, to present to our readers the most valuable matter of other journals, domestic and foreign. A glance over the numbers of the year will show articles written by medical scientists of the highest distinction.

In conducting the MEDICAL NEWS, we have endeavored, as much as possible, to do it in such a manner that it would but little duplicate any other journal that a subscriber might be taking. We have tried to give it features peculiar to itself; and we think we have succeeded. While it has been as practical as good medical journals are in the main, its matter has been of a kind generally to interest the intelligent, thinking, philosophic physician. A truly scientific physician wishes for something more than formulas of medicines to be used in treating special affections. He is interested in physiology, pathology, the history of disease, its prevention, and in such of the collateral sciences as tend to throw light upon medicine as a science and increase the comprehensiveness of his

views. Keeping this in mind, the NEWS has been given features to a considerable extent peculiar to itself.

In conclusion, we will say that we hope all of our present subscribers will continue with us during the coming year. We hope with the new volume to improve the NEWS very much. It is now the cheapest medical journal published, and if we do not make it the best it will not be on account of our sparing our labor. During 1880 we will have more time than heretofore to devote to it, and we propose to make it evident in its improvement.

MORBID IMPULSES.—We copy the following from the *Medical and Surgical Reporter*. It will be perceived that Dr. Bigelow has modified his views somewhat since he wrote for the MEDICAL NEWS:

"In an article written for the *Cincinnati Medical News*, in May, 1874, I offered the following explanation of the morbid impulse:

"When the impulse becomes dominant, asserting itself despite the will, then it is that the person is pronounced insane. The mere existence of the *fixed idea*, so long as it be controlled by volition, is in no wise an abnormality. When the hemispherical cells cease to react upon each other harmoniously—when an idea prolongs its tension so as to 'tyrannize over the understanding, and become an absorbing entity'—illusions and delusions result. A man in this condition of mental erythmism, acting under a delusion, would not be amenable to law, only in so far as his confinement in a proper asylum would be demanded. The *modus operandi* by which an idea becomes excited and active is this: The necessary external stimulus applied to the sensory ganglia is expressed outwardly as pleasure or disgust, while the residua furnish to the well-balanced mind the stimulus which was necessary to excite the particular idea in one of the numerous cortical cells. Just what stimulus was needed, and just what idea would obtain from its application, are the lessons stamped on the mental growth by the experience of generations. The nervous action may become weakened by the vicious transmission of heredity, or the integrity of the nervous vitality of the centers may be upset by injurious practices."

"A more precise observation has forced the belief upon

me, that a morbid impulse, which is always dominant, and may not be controlled by the will, never originates *de novo*, but is the result of previous family instability. The underlying predisposition to the various conditions of mental erythism may always be found in a transmitted tendency of heredity, or, in women, in uterine disorders and misplacements. The hypochondria incident to acute dyspepsia is often the offspring of eccentricity (so-called) in either the father or the mother, and may, in turn, become the parent of a more pronounced form of mental unsoundness in the next generation. Each one, in his life's history, may remember the existence of a transitory impulse, which, had it been realized outwardly in action, would have occasioned shame and disgrace. But such occasions only become matters of legitimate legal inquiry when they are offered in extenuation of crime. An influential consideration which must always be a prominent factor in the ultimate diagnosis is the social position of the patient. The commission of a criminal act by a person whose previous record has been untarnished, who has never been vicious or immoral, whose education has been elevating, and whose associations such as tend to develop and strengthen the better sentiments of human nature, is much more apt to be caused by disease, than would be a similar realized impulse in one whose constant acquaintance with crime had lowered the moral tone and brought into prominence the brutal passions."

THE HEALTH OF NEW ORLEANS.—The Yellow Fever of 1878 was estimated, by the Board of Health, to have caused a direct money loss to the city of \$10,572,000. But this vast sum was but a trifle compared with the loss of life. On the approach of the summer of 1879, there was every reason to anticipate a renewal of the catastrophe. The question arose: "How can it be prevented?" A Sanitary Association was organized to accomplish the task. It was formed and controlled mainly by physicians. Of course, it was. They went to work and labored incessantly in cleansing and purifying. The citizens, appreciating the importance of the occasion, encouraged them with word and coin. Comparatively a small quantity of money was required. The summer came, and, with it, the desolation of Memphis, and, at the same time, a slight demonstration in New Orleans, showing that the enemy was

there. But the guardians of health proved too much for him. The iron-horse was too closely watched to permit the outpouring of the legions of death by night. The mortality in June, from all causes, was 400. Cowardly people, and those who had no faith in sanitary work, began to quake with fear. But July gave only 420 deaths—a slight increase. August, however, was yet to come, and, still worse, September. The blessed frost would not come before October, if then. But the deaths in August were only 350. People breathed more freely, and began to have much faith in their sanitary guard; and, when the dread September came and went, with a mortality under 350, the question was settled. There had been but 41 cases of yellow fever, and 19 deaths. The triumph was complete. Well may the members of that sanitary body felicitate themselves on the result. This little scrap of sanitary history tells a plain story, and should not be lost elsewhere.—*Exchange.*

DR. FREEMAN J. BUMSTEAD died at his residence in New York, November 28, 1879, after a protracted illness. He was born in Boston, April 21, 1826. Immediately upon leaving college, he began the study of medicine, attending lectures at the Tremont Medical School, and, in 1851, received his degree of Doctor of Medicine from Harvard. In 1852, Dr. Bumstead settled in New York and began the general practice of medicine. From 1868 to 1871, Dr. Bumstead was Professor in the College of Physicians and Surgeons, resigning in 1871. During the last years of his life he was engaged, in connection with Dr. R. W. Taylor, in revising and enlarging his treatise on venereal diseases, and making it worthy of its high reputation as a leading text-book. He completed this work, revising the last of the proof-sheets since the beginning of his last illness. Last summer Williams College conferred upon him the degree of LL. D.

ALTERING PRESCRIPTIONS.—An exchange relates that a druggist, on making a mistake in filling a prescription, which proved fatal to the patient taking it, inserted into the prescription the name of a poisonous drug which the physician writing it had not prescribed. This he did to shield himself and throw the blame upon the physician. As far as possible, physicians should write their

prescriptions with pen and ink, and not with lead-pencil; and, besides, should retain copies of prescriptions. When a lead-pencil is employed, it is very easy to erase the name of a medicine and insert another. A pen has been invented, which can be carried in the pocket, the handle of which can be filled with ink, which penetrates to the point during writing. Such a pen physicians will find very useful for prescription writing.

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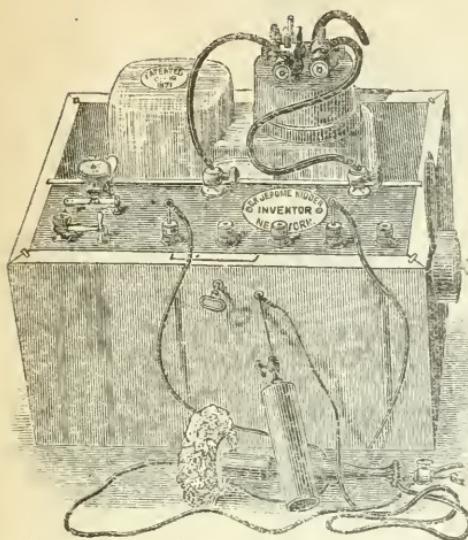
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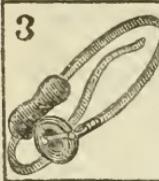
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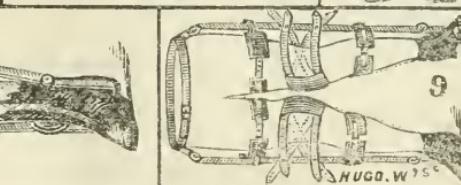
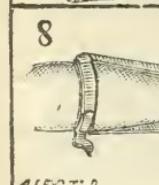
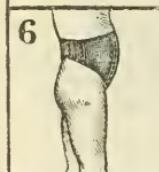
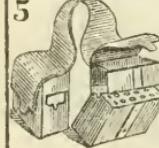


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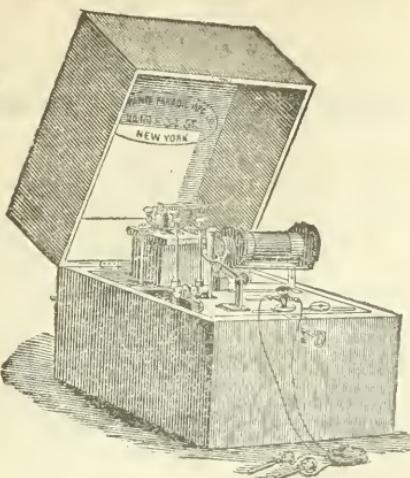
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THE PRELIMINARY AUTUMNAL TERM for 1879-'80 will begin on Wednesday, September 1, 1879, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879 and end about the 1st of March, 1880. During this Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Respectfully yours; J. ADAMS ALLEN, M. D., LL. D.,
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Professor of Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ill.

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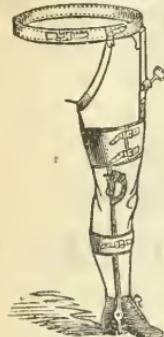
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S. WESLEY CHAMBERS, M.D., Resident Physician, City Hospital.

BALTIMORE, Md., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M.D., Resident Physician, Maternite Hospital.

LOUISVILLE, Ky., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M.D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

U. H. LEWIS, M.D.

ST CHARLES, MINN., March 23rd, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously, and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M.D.

36 WEYMOUTH STREET, PORTLAND PLACE, LONDON, }
May 30th, 1879. }

I am ordering your Maltine very largely.

LEONOX BROWN, F.R.C.S., Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 LEVER STREET, PICCADILLY, MANCHESTER, }
January 16th, 1879. }

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine, with Beef and Iron, most valuable.

J. SHEPHERD FLETCHER, M.D., M.R.C.S.

EDDIE CROSS HOUSE, Ross, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M.B., M.R.C.S.

CHEMICAL REPORTS ON MALTINE.

BY R. OGDEN DOREMUS, M. D., LL.D.

Professor of Chemistry and Toxicology, Bellevue Hospital Medical College;
Professor of Chemistry and Physics, College of the City of New York.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation in vacuo. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I can not commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully,

R. OGDEN DOREMUS.

BY PROF. JOHN ATTFIELD, F.C.S.

Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain;
Author of a Manual of General Medical and Pharmaceutical Chemistry.

LONDON, 17 BLOOMSBURY SQUARE, W. C. }
October 28th, 1878. }

To Messrs. Reed & Carnick:

GENTLEMEN:—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours faithfully,

JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.

MALTINE with Alteratives.

MALTINE with Beef and Iron.

MALTINE with Cod Liver Oil and Pancreatine.

MALTINE with Cod Liver Oil and Phosphates.

MALTINE with Hops.

MALTINE with Hypophosphites.

MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates.

MALTINE with Phos. Iron, Quinia and Strychnia.

MALTINE Ferrated.

MALTINE WINE.

MALTINE WINE with Pepsin and Pancreatine.

MALTO-YERBINE.

MALTINE is now in the hands of the wholesale trade throughout the United States.

We guarantee that MALTINE will keep perfectly in any climate, or any season of the year.

Faithfully yours,

REED & CARNICK, NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless*. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSVLA., Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, cincho-nidine. F. A. GENTH, Professor of Chemistry and Mineralogy."

amination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,
Professor of Chemistry."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,

Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE: and by direction I made a qualitative ex-

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine.

S. P. SHARPLES, State Assayer of Mass."

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate. DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated. DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our *materia medica*. GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health,
and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St. Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used. F. A. GAMAF, M.D."

Price-Lists and Descriptive Catalogues furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

NEW REMEDIES.

RECENTLY INTRODUCED BY US.

RHUS AROMATICA.

(in both old and young), uterine hemorrhage, and as local application in leucorrhœa, also in atonic diarrhea and dysentery, and more especially summer diseases of children.

See article by Dr. McLanahan in the April number of *New Preparations*.

We offer this new remedy in the form of a fluid extract from the fresh bark of the root.

FOLIA CAROBÆ.

tive anti-syphilitic. It is said to possess alterative, diuretic, sudorific and tonic properties, to a marked degree, especially in the latter particular. Hence its application to the treatment of syphilis, in all its forms.

The Carobæ may be continued advantageously with Iodide Potassium in cases distinguished by pains in the limbs. It is indicated in the cure of old syphilitic ulcers, to which it may be applied topically.

CASCARA SAGRADA.

cally as the Rhamnus Purshiana. It has long been used on the Pacific Coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice.

We cannot too strongly caution physicians and druggists to specify "P., D. & CO.'S," if they desire a preparation of the *true* drug, Rhamnus Purshiana.

COTO BARK.

The tree from which this bark is derived is a native of Brazil and Bolivia, though as yet we *cannot locate it botanically*. Coto Bark was first tested clinically by Prof. Gietl, of Munich (Germany), who considered it a specific for diarrhoea in its various forms. Dr. Riecker, of Stuttgart, concurred in this. Prof. Baetz, of Tokio, Japan, in the *Centralblatt*, recommends it for malignant cholera. In Bolivia it is used for diarrhoea, colic, and neuralgic toothache, and externally in rheumatism and gout. It has been also employed in the sweating of phthisis, and typhus, catarrhal diarrhoea, gastric catarrh, pneumonia, uterine colic, acute articular rheumatism, cholera, cholera morbus, dysentery, night sweats, etc.

FIVE FLOWERED GENTIAN.

substitutes for quinine this plant is one of the most valuable. In many cases where quinine and other antiperiodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs. In fevers in combination with gelasimum, and in derangement of the biliary organs in conjunction with leptandrin and podophyllin, it seems to increase the action of those agents.

GRINDELIA ROBUSTA.

other diseases of the mucous surfaces. In combination with Yerba Santa it has also been found specially efficacious in bronchial affections. It is well known that many of the varieties of this family bear so close a resemblance to each other that it is difficult to distinguish between them, and the Squarrosa and other varieties are hence often unwittingly substituted for the Robusta. Our own supply is gathered for us under the direction of a competent botanist, and is known to be genuine.

GENTIANA
QUINQUEFLORA.

Among the many

DESCRIPTIVE CIRCULARS.

We shall be happy to furnish upon application descriptive circulars giving the botanical history and therapeutical application of New Remedies recently introduced by us. We will also send, if desired, our price list, giving names and prices of nearly two thousand articles manufactured by us.

 Send stamp for Price List and Circulars described above.

PARKE, DAVIS & CO.,

Always specify Parke, Davis & Co.'s.

DETROIT, MICH.

PARKE, DAVIS & CO.'S

EMPTY CAPSULES

Our Capsules are manufactured by means of improved apparatus, producing the most accurate and unvarying results. The gelatine employed is of the finest quality, which, in our hands, undergoes a certain process, increasing its transparency and elasticity.

Through these improvements in apparatus and material, we are enabled

to produce capsules which are uniformly accurate, transparent,
elastic and permanent, in which properties they are *excelled*
by none sold in the United States or Europe.

These little articles will be found of great value and convenience in the hands of the physician who studies to remove the objectionable properties of the medicines which he deems it necessary to employ.

Many drugs, among which we may note *roots, gums, emetics, capsicum, etc.*, which—either from the more immediate effect to be produced, or from some special action to be desired—the physician proposes to administer in the *crude* or *powdered* state, in preference to any form of preparation, are practically debarred from use in certain cases on account of their physical properties (appearance, odor, taste), and the difficulty experienced in swallowing them. It is frequently advisable to conceal from the patient the nature or identity of the drug, because of some idiosyncrasy, or of his imagination with regard to its peculiar effects on his system.

To be able to easily disguise these features of a remedy at the bedside of a patient, at a time and place when he cannot employ the assistance of a pharmacist, is a great desideratum to the practitioner.

Our Capsules will fully supply this want; a few trials will demonstrate all their advantages, among which we may enumerate the following:

Convenience.—A box (100 capsules) can be carried in the pocket without inconvenience, ready for use as desired. They may be filled with the medicine in a moment, thoroughly disguising its appearance, odor and taste, and are easily swallowed, thus gaining, if we may use the phrase, a foothold in the stomach for the drug, which would have been quickly rejected by the patient in its undisguised state.

Solubility.—We have endeavored to so prepare our gelatine that it will quickly dissolve under the combined action of the *warmth* and *moisture* of the stomach, requiring but little digestive action, and as a result, *our capsules can be employed in dyspepsia and other forms of irritable or torpid stomach*, when this property is essential.

Therapeutical Effect.—The gelatine having been dissolved, the remedy is brought into contact with the surface of the stomach *under the most favorable circumstances*, and, if the case will permit, will soon be assimilated, and the desired results achieved.

Emetics are exhibited in capsules to great advantage, and quick returns may be confidently expected. In this respect capsules are in contrast to pills, which, from their form and constituents gradually dissolve in the stomach, producing the effects desired from narcotics, tonics, etc., while they are not dissolved rapidly enough for the use to which powerful emetics are devoted.

Administration.—Capsules can, of course, be applied to the administration of any class of medicines, either simple or in combination; yet they are especially designed for facilitating the act of swallowing such articles as *powdered roots and gums* (which, from their insoluble or glutinous nature, are liable to linger in the mouth too long), or for disguising the taste of *quinine, morphine, capsicum, oils, fluids and solid extracts, etc.*

Our capsules are put up in neat paper boxes, containing 100 each, for which we charge fifty cents each. *We will mail a box to any address on receipt of the price and three cents postage.*

Send stamps for a sample.

PARKE, DAVIS & CO.,

Always specify Parke, Davis & Co.'s.

DETROIT, MICH.

EXTRACT OF MALT

FROM THE LABORATORY OF

PARKE, DAVIS & CO., DETROIT, MICH.

Prepared from fresh Canada barley malt of
choicest quality.

Dose, two to four drachms, three times a day, which may be administered undiluted, or with milk or wine, as preferred.

Many preparations of malt have been placed before the medical profession as representing the properties of this agent; few, however, seem to have fulfilled what was expected from the glowing representations accompanying them. The trouble seems to lie in the method of preparation, wherein, by careless handling and undue use of heat, the preparation becomes burnt (as shown in appearance and taste), and practically useless. We have devoted considerable attention and experiment to our extract of malt, and have, we believe, developed a really valuable article, which we offer wholly on *its own merits*. Great care is exercised in the selection of the malt, and in the careful use of heat in its preparation.

The properties of this remedy are due principally to the principle diastase (which has the power of changing the insoluble starch to the soluble maltose) as well as the nutritive elements. Its use is indicated in certain forms of dyspepsia (amylaceous), phthisis, bronchitis, asthma, loss of appetite, chronic diarrhoea, debility of females and the aged, and in convalescence from exhausting diseases, etc.

CAUTION.

The black scorched preparations, offered at low prices in the market, should be avoided, as giving physical evidence of undue use of heat in process of manufacture. Concerning the manufacture of malt extract, the German Pharmacopœia directs: "Digest for an hour, at a temperature not exceeding 65° C. (about 150° F.); then heat the mass to the boiling point, and strain immediately by expression. Evaporate the clear liquid as rapidly as possible, stirring constantly, to the consistency of a thick extract. Extract of malt is yellowish brown, having an agreeable sweet taste. It should be preserved in a cool place."

Hence physicians should examine the preparations of malt dispensed on prescriptions, as to appearance, odor and taste, for evidence as to the medicinal and nourishing value of the article. Glucose (grape sugar) is also used largely as an adulterant to cheapen the product.

We offer the following combinations of Malt Extract, put up in pint bottles, each containing one and a half pounds of the preparation. Specify "Parke, Davis & Co.'s" on your prescriptions.

Extract Malt. Prepared after the formula of the German Pharmacopœia.

Extract Malt with Lacto-Phosphates.

The lacto-phosphates offer the necessary mineral constituents of the human system in an easily assimilable form. Combined with extract malt they make a preparation of much value in diseases of impaired nutrition, as in dyspepsia, brain troubles, diseases of the bones, phthisis, etc.

Extract Malt with Pepsine and Lacto-Phosphates. The combination of pepsine with lacto-phosphate lime and extract malt affords an agreeable, convenient and most effective remedy in all diseases characterized by impaired nutrition, whether the fault be due to weakness of the digestive organs, or to wasting diseases.

Extract Malt with Alteratives. This preparation is a combination of the most powerful alteratives known to medical science, and is recommended in all cases where such treatment is indicated, as in scrofulous and syphilitic affections, skin diseases, glandular complaints, and diseases of the bones and cartilages.

Extract Malt with Cascara Sagrada. Cascara Sagrada is a most effectual remedy in habitual constipation, and in combination with extract malt affords a valuable agent in dyspepsia accompanied with this troublesome symptom. It is recommended to use small doses—say two drachms—of this preparation four times daily for a period of two or three weeks.

Extract Malt with Cascara Sagrada and Berberis Aquifolium. The tonic and alterative powers of the berberis, combined with cascara and extract malt, offer a preparation indicated in habitual con-

stipation and dyspepsia (when the food is thrown up), especially when these affections are found in scrofulous or syphilitic patients.

Extract Malt with Cod-Liver Oil. An elegant emulsion of cod-liver oil, combining the healing and nutritious properties of both agents.

Extract Malt with Beef, Iron and Wine.

This preparation combines the digestive and nutritive properties of the malt and beef with the stimulating, tonic powers of the wine and iron.

Extract Malt with the Hypophosphites. More effectual than any other preparation of the hypophosphites for the diseases in which they are indicated.

Extract Malt with Hops. Adding the tonic and the sedative power of hops.

Extract Malt with Iodides Comp. Of great value in anaemic conditions incident to syphilitic, scrofulous, cancerous and tuberculous affections.

Extract Malt with Protochloride Iron. A valuable and easily assimilated tonic, used largely for anaemia.

Extract Malt with Pepsine.

Extract Malt with Pepsine and Bismuth.

Extract Malt with Pepsine and Strychnia. The combinations of malt extract with pepsine, bismuth and strychnia are useful in the different phases of dyspepsia, chronic diarrhoea, debility, nervousness, etc., as indicated.

Extract Malt Ferrated.

Extract Malt Ferrated with Quinine. Pyrophosphate of iron and quinine, in certain cases, are of great value in combination with malt extract.

PARKE, DAVIS & CO.,

Always specify Parke, Davis & Co.'s.

DETROIT, MICH.

PHOSPHORUS.

Many attempts have been made to exhibit phosphorus in an uncombined state, which has long been a desideratum with the profession. It has been proposed to dissolve it in ether, but a more dangerous advice could hardly have been suggested. Cod-Liver oil, too, has been tried to some extent as a vehicle, but the phosphorus is readily oxidized unless protected by a long and difficult process, and the nauseous taste of the oil practically removes this agent from consideration,

We have for many years been supplying this element to the profession in the form of pills, which seem to obviate the objections to the other forms of administration now in use. They are absolutely protected from change by the sugar-coating, itself a powerful deoxidizing agent. They are easy and pleasant to administer, prompt in their action, and probably introduce the element in the best form for speedy absorption.

While pills of phosphorus, properly prepared, are a safe and efficient method of administering this remedy, physicians will do well to avoid all brands which are not known to be worthy of confidence. To properly prepare these pills requires expensive and complicated apparatus, and the highest skill that can be procured. We ask only a careful comparison of our products with those of other manufacturers, believing that such a test is the best advertisement we can desire.

Standard Formulas Sugar-Coated Pills.

Phosphorus.

Phosphorus and Belladonna.

Phosphorus Comp.

Phosphorus and Iron.

Phosphorus and Nux Vomica.

Phosphorus, Nux Vomica and Damiana.

Phosphorus, Iron and Nux Vomica.

Phosphorus, Iron and Quinine.

Phosphorus, Iron, Quinine and Nux Vomica.

Phosphorus and Quinine.

Phosphorus and Quinine Comp.

Phosphorus, Quinine and Nux Vomica.

Phosphorus, Quinine and Digitalis Comp.

Phosphorus and Digitalis Comp.

Phosphorus, Digitalis and Iron.

Phosphorus and Cannabis Indica.

Phosphorus, Morphia and Val. Zinc.

Phosphorus, Aloes and Nux Vomica.

Phosphorus and Zinc Comp.

Phosphorus, Zinc and Strychnia.

Phosphorus, Opium and Digitalis.

Phosphorus and Strychnia.

Phosphorus, Strychnia and Iron.

Phosphorus and Cantharides Comp.

Phosphide Zinc.

Phosphide Zinc and Nux Vomica.

Sent per mail, post paid, on receipt of price.

PARKE, DAVIS & CO.,

Specify Parke, Davis & Co.'s.

Manufacturing Chemists, Detroit, Mich.

The Following Preparations are Especially Recommended to the Profession.

MILK OF MAGNESIA

The Most Effective Aperient and Antacid Known.

IT IS ESPECIALLY VALUABLE,

FIRST: In Disorders of the Stomach, Indigestion, Sick Headache; Nausea, Costiveness, Flatulence.

SECOND: In all Complaints of Infancy, whether arising from Indigestion, Imperfect Dentition or Impurity of the Blood.

THIRD: As a Laxative, removing causes of Constipation.

FOURTH: As a Preventive of Sourness of Food in the Stomach.

FIFTH: As the unflailing and acceptable remedy for the Nausea incidental to Pregnancy.

Phospho-Nutritine

A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES. TONIC, DIGESTIVE, AND HIGHLY NUTRITIVE.

A vitalizing Tonic, superior to all others; entirely devoid of Alcoholic Stimulant; relieving Mental and Physical Prostration. An Agreeable Substitute for Nausious Drugs and Liquors; more naturally efficient, yet entirely free from their unpleasant effects and disastrous tendencies.

ITS IMMEDIATE AND PERMANENT BENEFICIAL EFFECTS ARE RECOGNIZED
In Dyspepsia, Consumption, Scrofula, or any Deterioration of the Blood.
In Neuralgia and Nervous Affections.

In Languor, Debility, and Loss of Ambition.

In Impairment of the Brain, and in complaints that follow Overtaxing the System.
To Members of the Profession, to Merchants, to Students, and to all whose pursuits demand intellectual activity, and therefore draw heavily upon their vital powers, Phospho-Nutritine has proven itself to be the thing desired.

In contrast with other preparations pressed upon the public, as of value in Nervous Affections, it is to be understood that

PHOSPHO-NUTRITINE does not STIMULATE calling the already enfeebled system to *further present fitful activity*, only to be followed by complete exhaustion; extorting a momentary brilliancy from a dying ember, but that it repairs

PHOSPHO-NUTRITINE ENERGIZES, the waste, quiets the nerves and nourishes the vital powers; produces and aggregates new strength for future effort.

Phillips' Palatable Cod Liver Oil, IN COMBINATION WITH PHOSPHO-NUTRITINE.

A Pure, Perfect, Pleasant, Powerful Preparation.



MIXES WITH WATER IN ALL PROPORTIONS, FORMING A MOST PALATABLE AND INVIGORATING DIET.

For use in Consumption, Scrofula and Wasting Diseases.

This combination is a perfect preparation of pure Norwegian Cod Liver Oil, and Phospho-Nutritine, as found in White Wheat, retaining all the remedial and nutritive principles of each, compounded in accordance with scientific principles, under our direct supervision. The Medical Profession, as far as we have been able to reach, have毫不犹豫地 preferred PHILLIPS' "PALATABLE" for these reasons:

FIRST: The abundance of the best Cod Liver Oil in its natural condition, the universally accepted agent in the treatment of Consumption and Emaciation.

SECOND: The vitalizing power of Phospho-Nutritine, building up with the Phosphates.

THIRD: The Absence of Soapsaponifying results, destroying the properties of the oil, making of the stomach a receptacle for soft soap, the more common error in emulsions, particularly those in which Hypophosphites are present.

Confident of the superiority of our preparation, which feeling of confidence has been confirmed by innumerable unsolicited testimonials from most eminent practitioners, we solicit from all interested in the prescription or administration of medicine, an examination into their merits; to assist you in which will be our pleasure, if you will address to us a notice of your desires.

FOURTH: The minute subdivision of the oil globules, permitting and demanding its administration with water, assuring thorough assimilation.

FIFTH: The absolute disguise, which covers the repugnant taste and smell of the oil, making it acceptable to the most sensitive or fastidious.

SIXTH: Its acceptability and retention by all; the stomachs of some, especially females, having rejected all other preparations.

CHARLES H. PHILLIPS, Manufacturing Chemist,

2 and 4 Platt St., New York.

Circulars and Samples furnished upon application by mail.

In corresponding mention CINCINNATI MEDICAL NEWS.

To the Medical Profession.

LACTOPEPTINE

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition, containing the five active agents of digestion viz: Pepsin, Pancreatin, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE:

Sugar of Milk....40 oz.	Pancreatin	6 oz.	Lactic Acid.....5 fl. dr.
Pepsin 8 oz.	Veg. Ptyalin or Diastase..4 dr		Hydrochloric Acid...5 fl. dr.

LACTOPEPTINE owes its great success solely to the Medical Profession, and sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by profession is the strongest guarantee we can give that its therapeutic value has been at thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the profession:

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine,
University of the City of New York
SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Med. College.

JAN DEVEER, M. D., Albany, N. Y.
Prof. of the Clin. and Pract. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.

CHARLES F. MINER, M. D.,
Prof. Special Surgery, University of Buffalo, N. Y.

ATKINSON MEIGS, M. D., Philadelphia, Pa.
Prof. of the Institutes of Med. and Med. Juris., Jeff. Medical College; Phys. to Penn. Hos.

W. DAWSON, M. D., Cincinnati, O.
Prof. Clin. and Pract. Surg. Med. Col. of Ohio; Surg. to Good Samaritan Hospital.

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Washington, D. C.
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